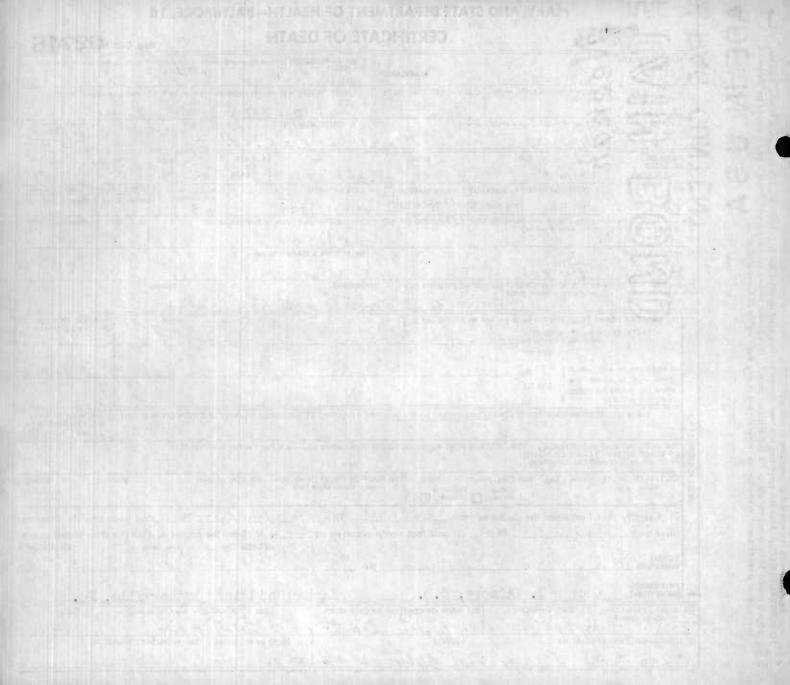
1	MARYLAND S		TH—BALTIMORE, 18
W /	02754	CERTIFICATE OF DEAT	TH Reg. Dist. No. 274
X	PLACE OF DEATH o. COUNTY		Where deceased lived. If institution: Residence before admission)
DXI)	BALTIMORE	MARTLAND MARY AN	
2	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	LENGTH OF STAY IN 16 C. CITY OR TOWN (I	If autside corporate limits, write RURAL and give nearest town)
_	Lutherville	2 yrs Runal BA.	ITIMORE a) Lutherville
X	d. NAME OF HOSPITAL (If not in hospital, give street odd OR INSTITUTION		e. IS RESIDEN ON A FAR
=	1606 PINNTER RO	1606 PIN	Wer ad YES No
3.	NAME OF DECEASED (Type or print) PAULINE	Middle Lost	4. DATE Month Day Year OF DEATH MARCH 24 196
5.	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8. DATE OF BIRTH	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24
	Female white WIDOWED [last birthdoy) Months Days Hours N
10	Oa. USUAL OCCUPATION (Give kind of work done 10b. KIN during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (SIO	nte or foreign country) 12. CITIZEN OF WHAT COL
	Housewife	- lohin	U. S. A.
1 13	FATHER'S NAME	14. MOTHER'S MAIDEN	NAME
1/1	HENRY BEALS	Katherin	ne-(?) Seelev
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOC		Address
	No 215	OF9482D MRS Eileen E	well same
	18. CAUSE OF DEATH [Enter only one couse per line fo	or (o), (b), and (c).	INTERVAL BETWE
	PART 1. DEATH WAS CAUSED BY:	saconaline !!	ONSET AND DEA
	DUE TO		4
74	Conditions, if ony, which) (b)	many broth,	Disease 10 Me
Marie	gove rise to immediate couse (a), stating the under-		
	lying couse last. (c)	V	V
	PART II. OTHER SIGNIFICANT CONDITIONS CON	ITRIBUTING TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTO
3			YES NO
I I	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	BE HOW INJURY OCCURRED. (Enter noture of injury in	n Port I or Port II of item 18.)
0			
200	Hour a.m. While	RY OCCURRED 20e. PLACE OF INJURY (Home, for factory, street, office bldg., e	rm, 20f. (City ar lown) (County) (S
N N	p. m. 19 of work	of work	<u> </u>
	21. I certify that I attended the deceased	fram Upul , 1961, to "	nanch 24, 1962, that I last saw the dec
NR.	alive an March 23, 196	2, and that death accurred at 6	A.M. fram the causes and on the date stated a
100		0. 0	ADDRESS (Street, city or town state) DATE S
	SIGNATURE Glange)	Filmaremo. Ly	theres med 3/2;
1	PHYSICIAN'S		/
	NAME (Type) George T. Gilmor	e, M.D. Lanham	Building Lutherville, Md.
	o. BURIAL, CREMATION, 226. DATE THEREOF 22	2c. NAME OF CEMETERY OR CREMATORY	22d. LOCATION (City, town, or county) (Stote)
27	REMOVAL (Specify)	TO THE OF CEMETERS OR CREMATORS	
	BORIAL (Specify) 3/28/1962	nt olivat Cemetery	BANTIMORE Ma
	_ REMOVAL (Specify)	nt olivat Cemetery	Chair



may be resonned by the haspitol ar ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, name 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with

after death. Page 4

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Poges the State Board of Health priar to burial, cremotion, ar removal, and in any event within 72 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

0275	5		CERTIFIC	ATE	OF DEATH		MARTEARD		025	747
a. COUNTY BE	ltimore		MARYLAN	2.	USUAL RESIDENCE (W	here deceased	b. COUNTY	on: Residence b	oefore admissi	on)
RURAL and give r	If autside carparate limearest tawn)		GTH OF STAY IN	1Ь 🔀	c. CITY OR TOWN (IF	autside carpo	rate limits, write R)
d. NAME OF HOSPI OR NSTITUTION	TAL (If not in hospital, gaylor Ave	give street oddress)	1	d. STREET ADDRESS 42 Bloomi	ngdal	e Road			IDENCE FARM? NO
3. NAME OF DECEASED (Type or print)	Lydie	rst	Middle	Ad	ams lost	4. DATE OF DEATH	March	th 23,19	62	Year
5. SEX Female	6. COLOR OR RACE Colored	7. MARRIED WIDOWED	NEVER MARRIED [DIVORCED] B. D	an. 20,18	88	9. AGE (In years last birthdoy) 74 yrs.	IF UNDER 1 Y Manths Do		R 24 HRS. Min.
10o. USUAL OCCUPATI during most of war Minis	king life, even if retired	dane 10b. KIND C	OF BUSINESS OR IN	NDUSTRY	Maryland		auntry)		S.A.	OUNTRY?
13. FATHER'S NAME Perry	Dorsey			1.	Unknown	NAME				I.E.
15. WAS DECEASED EV (Yes, no, or unknown)	ER IN U. S. ARMED FOR (If yes, give war or dates of			r. INFOR	Gertrude	Rhue	bottom	ress W	inter	s La
Conditions, if a gave rise to cause (a), stating lying cause lost. PART II. OT	the <u>under-</u> DUE TO	·)			erio-scle			II m	a) 19. WAS / PERFO	Day
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE H	OW INJURY OCCL	JRRED. (E	nter nature af injury in	Part I ar Part	t II af item 1B.)		165	NO LI
20c. TIME OF INJU Hour o. m. p. m.	RY Manth, Doy, Ye		ot while	PLACE foctory	OF INJURY (Home, farm, street, office bldg., etc	n, 20f. (City	or town)	(Cau	nty}	(State)
		Jou			PHYS. D	M, fram		3/23:	ate stated 222 rd/62	abave. D. DATE SIGNED
23a. BURIAL, CREMATIO REMOVAL (Specify Burial)	3-27-6	2 We	stern S		Cem	-	ION (City, town, onsville		(Stote	s)
Motor	executa.	4/-	ley Bi	rel		R 2 8 '6		Thury 8, 90		

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director, p

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24 FUNERAL DIRECTOR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 02756 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) e. COUNTY b. COUNTY Baltimore Baltimore. Md. MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) write RURAL end give neerest town) Baltimore Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 4100 West Drive 4100 West Drive YES NO XX 3. NAME OF Middle Last 4. DATE Month DECEASED OF 62 March 22, (Type or print) DEATH Adams E. Mattie 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH IF UNDER 24 HRS. AGE (In yeers | IF UNDER 1 YEAR lest birthdey) Months Hours female. white 75 WIDOWED [DIVORCEDXX Oct. 8, 1886 10a, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) U.S.A. Va. housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Rachel McCov Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give wer or dates of service) Elsie L. Jones, 4100 West Drive #29 none 18. CAUSE OF DEATH [Enter only one cause per line lor (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which gave rise to immediate cause DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO WAS AUTOPSY CERTIFICATION PERFORMED? NO K 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20e, PLACE OF INJURY (Home, ferm, Month, Day, Yeer 20d. INJURY OCCURRED 201. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour a.m. el work et work 10. 55 1962-that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from. 19.5 and that death occured at ... from the causes and on the date stated above. saw the deceased alive on 22e. SIGNATURE ATTENDING. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) George S. M. Kieffer, M.D. 1010 Leeds Avenue #29 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) REMOVAL (Specify) 3/26/62 Loudon Park Cemetery Baltimore, Md. Burial

ADDRESS

Howard H. Hubbard, 4107 Wilkens Avenue #29

25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. 02749 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. It institution: Residence before admission) a. COUNTY filed b. COUNTY MARYLAND Raltimore Raltimore aryLand funerol b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) pino Halethorpe. Lifetime. Halethorpe. Mo d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 5631 Oregon Ave YES NO 3. NAME OF First 4. DATE OF DEATH Middle Lost Manth Day Year DECEASED (Type or print) Elizabeth A. Airey March 19 62. 1889 1888 9. AGE (In years last birthday) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Female White WIDOWED FR DIVORCED [papers. .Tune 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Housewife Maryland U.S.A. offer de 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Arthur Monaghan Rosetta McKenna 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 56310regon Ave. Katherine Ripley 18. CAUSE OF DEATH [Enter only one cause per line for (a); (b), and (g). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY MONTH. Day, Year 20d. INJURY OCCURRED (State) WEDI Hour 0. ft. factory, street, office bldg., etc.) While Not while at work at work p. m 21. I certify that I attended the deceased from ____that I last saw the deceased and that death occurred alive on M, from the causes and on the date stated above. ADDIES (Street, city or ACTUAL 3 should PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) agod REMOVAL (Specify) Baltimore Ma ADDRESS WNERALIDIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4)

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RTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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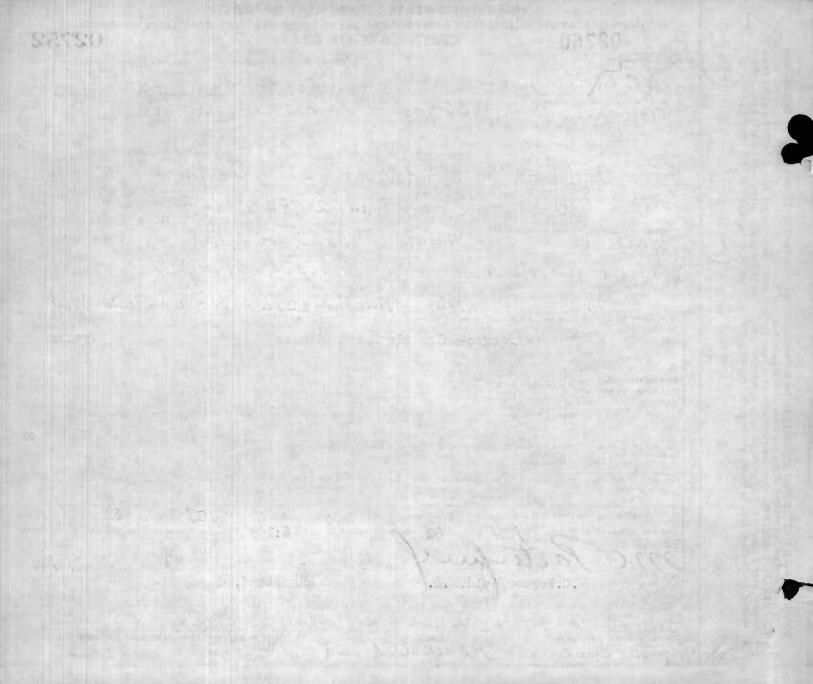
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TO HO! TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execut within 24 hours after	FIGURERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission a. COUNTY b. COUNTY CNW SulValutor MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporeta limits, write RURAL and give nearest town) write RURAL and give nearest town) -Cockeysville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give preet address) e. IS RESIDENCE ON A FARM? MASONIC YES NO 3. NAME OF Middle DECEASED (Type or print) 1962 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR | last wirthdey) | Months | Deys IF UNDER 24 HRS. last Mirthdey) Months Deys WIDOWED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Muc Treat 13. FATHER'S NAME ames x. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (Ifyes give wer or detes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY: o scleratic cardio vascular IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which (b) gave rise to Immediate cause DUE TO (a), steting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO -20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Entar nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Steta) While Not While factory, street, office bldg., etc.) Hour a.m. et work et work p.m. 21. I certify that (I) (this hospital) attended the deceased from Cut saw the deceased alive on 1942, 35 1962, and that death occured at 1011M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE Ela about ATTENDING SIGNED DIRECTOR PHYS. PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS 23a. 8URIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Laurel Hill Cemetery Moscow, Maryland BURTAT. 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 1217 St. Paul Street Wm. Eook, Inc., DATE MAR 2 9 '62 Cirlman & House

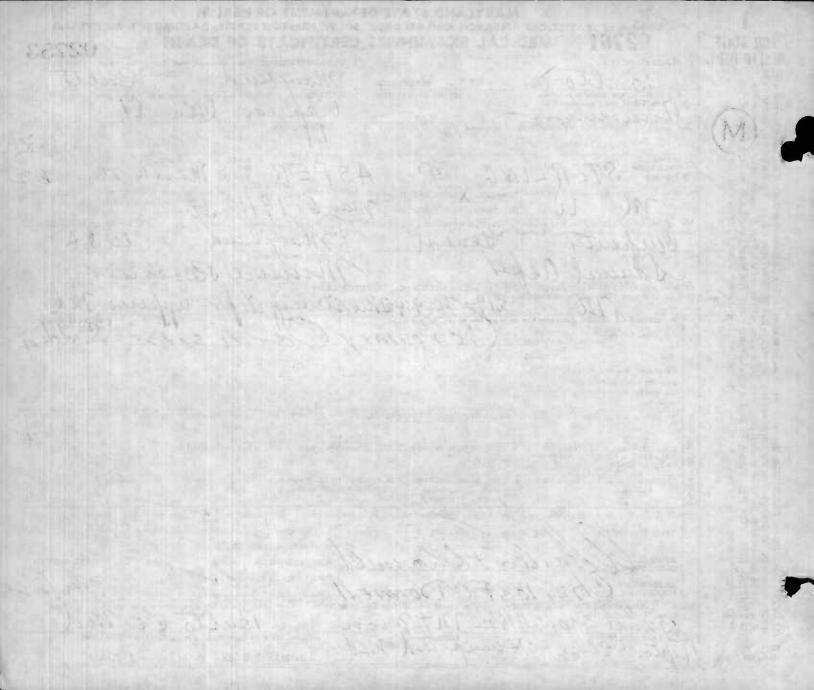
22000 100 Mark Walls The Constitution of the Co Philadelphia Kingl-Carry stille 42312 37 E 27 E 57 2 CF Burgland Historia Come 5 Steller E Sugar March The section of the February district Destro, Mac 2254 Prosticel Mance Funce & Andrews Eleanor Sight just a Marinic Home Rocesses Gooding and to deal the terror or levetic commence meaning the alternating your The 2s co Car When I do Ela det Brotherell Encated B. Steer at 11, Ma Budgas Was Play BURIES J-28-62 Caurel E11 Genetory | Morelun W 's, Cod', Inc., 1217 Ct. Poul Stroot

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceesed lived, If institution: Residence before admission) 178 a. COUNTY b. COUNTY the MARYLAND b. CITY OR TOWN (if outside corporete limits c. LENGTH OF STAY IN 1b OR TOWN (If outside corporete limits, write RURAL end give nearest town) completely filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) STREET ADDRES e. IS RESIDENCE ON A FARM? YES NO 3. NAME OF First Middle DATE Month DECEASED OF (Typa or print) DEATH 19 and co 6. COLOR OR RACE 7. MARRIED 5. SEX AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED lestabirth dey) Months Hours ove 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) FATHER'S NAME death please affending (Yes, no, or unkown) | (If yes give war or detas of service alli Asles.d 18. CAUSE OF DEATH [Enter only one cause per fine for (e), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY 7years signed IMMEDIATE CAUSE (a) Arterio-Sclerotic Heart DUE TO Conditions, if eny, which (b) geve risa to immediate ceuse DUE TO (e), steting the underlying cause fast. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 1 19, WAS AUTOPSY CERTIFICATION PERFORMED? Prior NO use 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of item 18.) for OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DIRECTOR: After the should be detached MEDICAL 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour e.m. at work et work p.m. saw the deceased alive on. 22a. SIGNATURE DATE ATTENDING SIGNED DIRECTOR M.D. PHYS. FUNERAL director, page be filed with t 22c. PHYSICIAN'S 22d. ADDRESS NAME (Typa) Hampstead, Md 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) TO 24 FUNERAL DIRECTOR'S SIGNATURE 250. REC'D BY REGISTEAR 256. REGISTEARS SIGNATURE VR A15 (4) 15M 9/60 Children & Thouse

ARYLAND STATE DEPARTMENT OF HEALTH



RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH HFALTII DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b WN (If outside corporate limits, write RURAL and give neerest town) RURAL and give nearest town) mounie d. NAME OF HOSPITAL OR INSTITUTION (if/not in hospital, give street eddress) DDRESS e. IS RESIDENCE ON A FARM YES NO NAME OF DATE DECEASED (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX IF UNDER 24 HRS. AGE (In years | IF UNDER 1 YEAR last birthdey) Hours WIDOWED T DIVORCED USUAL OCCUPATION (Give kind of work 10b KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? ring most of working dife, even if retired) 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. permit. ve war or dates of service 18. CAUSE OF DEATH [Enter only one cause po line (a), (b), and (c).] along ransit p PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate cause DUE TO (a), stating the underlying cause fast. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 1 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO Z 2Da. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, ' 20c. TIME OF INJURY Month, Dey, Yeer 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work al work 21. I certify that I took charge of the remains described above, held an Autopsy | ... Inspection Inquiry and in my opinion death resulted from Suicide Homicide Undetermined manner DIRE CHIEF MEDICAL EXAMINER sase execute the ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL 1 its designate DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) DEP 22c. NAME OF CEMETERY OR CREMATORY 22a, BURIAL, CREMATION, 22d. LOCATION (City, town, or country) 0 940 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME DATMAR 2 8 '62 5M 7/59 Cirthur S. Krous



vithin 24 hours after

OR ATTENDING PHYSICIAN: The law requires that the death certificate be execut

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH CERTIFICATE OF DEATH 00751

V.			02134
1	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Resid	ence before admission)
Y	Baltimore MARYLAND	a. STATE Maryland b. COUNTY Baltim	ore
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and giv	re nearest town)
П	write RURAL end give neerest town) Dundalk (22) 14 years	Dundalk (22)	
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS	e. IS RESIDENCE
	47 Northship Road	47 Northship Road	YES NO
3	NAME OF First Middle DECEASED	Lest 4. DATE Month De	ey Yeer
	(Type or print) HELEN EUGENE BACHM	AN DEATH March 12	th, 1962
6.0	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEA	
	female white WIDOWED X DIVORCED	Sept. 3, 1873 88 yrs. Months Days	Hours Min.
	A A LONG MAN AND A STATE OF THE		OF WHAT COUNTRY
	Housewife	Pennsylvania US	A
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Simon Whistler	Anna Brandon	
	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	INFORMANT Address	
,		rs. D.E. Matthews same as #	2
F	18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	1SPASQ	ONSET AND DEATH
١.	723 DUE TO		
	C 199 W		
	geve rise to immediate cause		
	(e), steling the underlying DUE TO		
-	couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH QUT NO	DE PELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (1)	1 10 WAS ALITOPSY
CIT	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATTH OF ICE	THE TENTH TO THE TENTH THE DISEASE CONDITION GIVEN IN TAKE (18)	PERFORMED?
A	The second was a second by the second will be second to the second second to the second secon	(F.) - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	YES NO
CEPTIEICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)), (Entended to the control of the state of	
		ACE OF INJURY (Home, ferm, † 20f. (City or town) (County)	(State)
MEDICAL	Hour a.m. While Not While fact	lory, street, office bldg., etc.)	(5/2/5)
NA.	p.m. 19 at work at work	A Made	
	21. I certify that (I) (this pospital) attended the deceased from.	1) el. 196 1 to / 100 1 1 1967	That (I) (we) las
	saw the deceased alive of Mul. 196 2 and that	death occured 64	
	22e. SIGNATORE 2	ATTENDING MED STAFF	22b. DATE
	1110 Darr 0114 M	I.D. PHYS. X DIRECTOR PHYS.	3/13/62
	22c. PHYSICIAN'S	22d. ADDRESS	
	MAME (Type) Melvin B. Davis, M. D.	Dundalk 22, Maryland	
2	3a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county)	(State)
	REMOVAL (Specify)	20 21 2	

 death. Page 4 may be retained by the hospital or attending physician.
 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removed and in any event, within 72 hours after death. 15M 9/60

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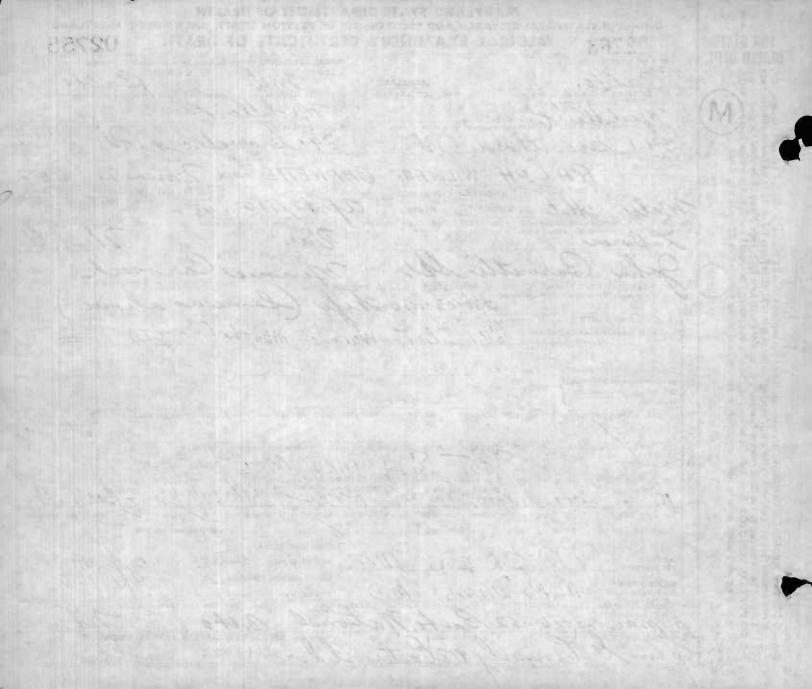
Meadowridge Memorial FUNERAL DIRECTOR'S SIGNATURE 24 Brooks Bradley, Inc., Dundalk 22, Md. DATE

Dorsey, Maryland 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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1/0		Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE		02763 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02755
HEALIH DEPI.	1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
Page Page iles.		o. COUNTY O. STATE DO 6. COUNTY O
		b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)
S D S NA		write RURAL end give neerest town)
r is necessary director. Page pr your files.		Middle Giver X Middle Giver
0 - 0		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREE (ADDRESS) o. IS RESIDENCE ON A FARM?
		34/ Grovethorne Sd. 34/ Grovethornedd, YES NO N
ff any de the funer retained ne State death.	3.	NAME OF First Middle Last 4. DATE Month Day Year
h. If ar to the be reft the S		(Type or print) RALPH WILLIAM BARNETTE DEATH March 12 1962
	5.	
	-	10.4 Months Devs Hours Min.
fer de 5 may 5 may do 2 w hours	1	Nale Hule WIDOWED DIVORCED Capita, 116 45 yrs.
73 6 9	10e	e. USUAL OCCUPATION (Give kind of work one during most of working life, even if refired) 10b. KIND OF BUSINESS OR INDUSTRY A. BIRTHPLACE (Stele or foreign country)
7 10 00		Laborer /a. M. S. U.
24 hour Pages PM3. Pages I within	13.	EATHER'S NAME
	1	John (Farnette St. Mennie Carmock
Yithin Your Govern	15,	VAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
\$ 65 5 F	116	on no, or unkown) (Ifyesgive weror detasofservica)
uted with fem 18. with for permit.	-	230-03-1010 Stife (same as allowe)
execution in the long value ansit part in din d		18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH
e exect along transit and in		IMMEDIATE CAUSE (a) GUN SMO! WOVER MOUTE (22 CL)
		DUE TO
should to gar in personal solutions of the second solu		Conditions, if eny, which (b)
E 0 0 0 0		geve rise to immediate cause
9.5 5 5.		(a), siening in a underlying
d "pendin d "pendin Examiner Examiner e used as	z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
reard " reard " Fx I Ex I	임	PERFORMED?
word dicel E	5	YES NO NO
9 9 0	CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part II or Part II of flam 1B.)
MEH and the an	1	CAUSE OF DEATH. Shol Jeht MRU' MOUTO
writing Chief Chief Sege 3 seg	MEDICAL	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
10 A	WED	Hour a.m. 19/2 lat work at work of the local fectory, greet, office bldg., alc.]
Cate, Cate, OR: prior		21. I certify that I took charge of the remains described above, held an Autopsy , Inspection Inquiry A and in my opinion
THE PER SE		death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner
MEDICA e the certificon forwarded L DIRECT		CHIEF MEDICAL EXAMINER
d a he d		\sim
A e Lore		SIGNATURE M.D. ASSISTANT MEDICAL CAAMINGER
PUTY MEDICAL execute the certification be forwarded NERAL DIRECT designated agent,		EXAMINER'S M A DA TO DEPUTY MEDICAL EXAMINER D
DEPUTY MEDICAL EX asse execute the certificate should be forwarded to th FUNERAL DIRECTOR: its designated agent, prior	-	NAME (Typa) Addrass (Streat, city, town, or county) BURIAL CREMATION 22b, DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or country) (State)
Shou FUN	228	8. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country)
0 2 4 0 9	1	BURIAL 3-16-62 Salto /alional Balto Md.
VS. A15ME	23	EUNERAL DIRECTOR ADDRESS A JAO. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
5M 7/59	1	folin & Connelly 4/8 Casterne Glad DATE MAR 1 6 '62 Orthur S. Knows
1.	7	The state of the s

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) a. COUNTY b. COUNTY Maryland in by the s Anne Arundel MARYLAND b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) write RURAL and give neerest town) Catonsville 15 days Pasadere. Mary land d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? SPRING GROVE STATE HOSPITAL YES NO 223 harlem Road 3. NAME OF DATE Month DECEASED OF (Type or print) Joseph Batzer DEATH 12 62 March 19 and cor 6. COLOR OR RACE | 7. MARRIED X NEVER MARRIED 5. SEX DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey) white male June WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life even if retired) medic al Maryland U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Batzer Annie Bokeal 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give wer or detes of service) unknown Records: SPRING GRO E STATE HOSPITAL 18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Terminal pneumonia IMMEDIATE CAUSE (e) DUE TO Arteriosclerotic cardiovascular disease Conditions, if eny, which geva rise to immadiete ceusa DUE TO (a), steting the underlying Generalized arteriosderosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1.19. WAS AUTOPSY CERTIFICATION PERFORMED? NO X use 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18.) 200. ACCIDENT WAS UNDERLYING TH for OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Stata) (County) fectory, street, office bldg., etc.) While Not While Hour a.m. at work 21. I certify that (IX (this hospital) attended the deceased from Feb. 27. 1962, to March 1219.62 that (I) (90) last 22b. DATE 22e. SIGNATURE ATTENDING SIGNED page GROVA 22c. PHYSICIAN' 22d. ADDRESS HOSPITAL NAME (Type) Stella Wachsler, M. D. Catonsville 28, Maryland director, be filed 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) REMOVAL (Specify) 25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4)

hours after

completely

physician

the

DIRECTOR:

death. Fage 4
O FUNERAL

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4 ... 903 Brown All G. Menden Ridge Cent & Extracte 1918

DEPARTMENT OF HEALTH TISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYL CERTIFICATE OF DEATH funeral ithin 24 hours after 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) e. COUNTY Baltimore e. STATE b. COUNTY MARYLAND Maryland b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) write RURAL and give nearest fown) 5 Fort Howard 10 Days Baltimore 30 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, giva street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO completely Veterans Administration Hospital East Barney NAME OF 4. DATE Month DECEASED OF (Type or print) DEATH within 1962 CHARLES C. March 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 9. AGE (In yeers | IF UNDER I YEAR B. DATE OF BIRTH IF UNDER 24 HRS. and last birthday) Months Deys Male White WIDOWED DIVORCED November 68 20,1893 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, evan if retired) Stoker City Garbage Dis. Baltimore, Maryland U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME death John Bayner Minnie Leisner 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Clinical Records, VAH, Baltimore 18, Maryland (Yes, no, or unkown) | (If yes give wer or dates of service Yes WW I 212-10-5952

1B. CAUSE OF DEATH [Enter only one cause per lina for (a), (b), and (c).] Fort Howard Division INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: BRONCHOPNEUMONTA RECENT IMMEDIATE CAUSE (a) DUE TO Conditions, if any. PORTAL CIRRHOSIS, LIVER UNKNOWN gave rise to immediate cause DUE TO (a), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+)| 19. WAS AUTOPSY CERTIFICATION Generalized PERFORMED? Pulmonary Emphysema - Duration - Unknown. Arteriosclerosis, Marked, YES X NO [20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Dey, Yaer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, ferm, 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) While Not While Hour e.m. at work at work DIRECTOR: 2.5102, to March 27..., 1962, that (X) (we) last 21. | certify that (K (this hospital) attended the deceased from March 17 22e. SIGNATURE ATTENDING SIGNED death. Page 4 DIRECTOR PHYS. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS 18 MARYLAND, FT. HOWARD VAH BALTIMORE CRAHAN, M.D. F. ector, filed 23c. NAME OF CEMETERY OR CREMATORY DATE THEREO 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. (State) 0:20 REMOVAL (Specify)
Burial 0 Glenhaven Cemetery Ann Arundel County, Maryland 24 FUNERAL DIRECTOR'S STENATURE ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE MAR 2 9 '62 arting & Traces 15M 7/61 Fort Ave. Balto. Md.

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by the funeral

ithin 24 hours after

The law requires that the death certificate be execut

the hospital or attending physician.

IAL OR ATTENDING PHYSICIAN: be retained by

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

		00100	CERTIFICA	IE OF DEAT	п	02758
		PLACE OF DEATH o. COUNTY	MARYLAND	e. STATE	b. COUNTY	T
		b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	If outside corporate limits, write i	RURAL end give nearest town)
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp BALDWID MARYLWE	pital, give street eddress)	d. STREET ADDRESS	` D4	e. IS RESIDENCE ON A FARM YES TO NO
		NAME OF DECEASED (Type or print)	Middle	LONETT	4. DATE Month OF DEATH	Dey Yeer
	5.	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In years II	FUNDER 1 YEAR IF UNDER 24 HRS
ì		MALE W. WIDOWER		SEPT 12, 18	370 91 yrs.	Months Deys Hours Min.
		a. USUAL OCCUPATION (Give kind of work page during most of working life, even if retired)	ND OF BUSINESS OR INDUSTR	BALTO	ity & State, or foreign country) MD	12. CITIZEN OF WHAT COUNTR
1	13.	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
	16	JOHD BENDETT.	COCIAL SECURITY NO. 1 17	として人	ROBERTS.	
		was deceased ever in U.S. ARMED FORCES? 16. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18	SOCIAL SECURITY NO. 17.	INFORMANT	Address RENNET	BALDIDIA
		18. CAUSE OF DEATH Enter only one cause per/li	ne for (e), (b), end (c),	TRADKL	IN BENNET	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY:	hostile	e know	monia	ONSET AND DEATH
		IMMEDIATE CAUSE (e)	H +	- juin		
		Conditions, if eny, which (b)	Meso-Si	cherose		ns
	-	gave rise to immediate cause (e), stating the underlying DUE TO				1
		cause last. (c)			ALL DISTASS CONDITION ONE	U
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CON				PERFORMED? YES NO
		20e. ACCIDENT WAS UNDERLYING 20b. DESC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURED). (Enter neture of injury in	Pert I or Pert II of item 18.)	
	MEDICAL	20c, TIME OF INJURY Month, Dey, Yeer 20d, I While p.m. 19	Not While fec	CE OF INJURY (Home, ferr tory, street, office bldg., etc		(County) (Stete)
	X	21. I certify that (I) (this hospital) attended	ded the deceased from.		1920 10 march	1.9 1962 that (1) (we) la
		saw the deceased alive of MNNCh	9 196 2 and that	deeth occured at,	PM, from the causes a	nd on the dete stated above
		222. AIGNATURE MATTER	mett	I.D. PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGN
		Je Celler m Han	mete	22d. ADD975	lanoin	ma
	238	B. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, low	12.0
		BURIAL MARCH 12,196	2 FORK C	EMETERY	C'D BY REGISTRAR 25b. REGI	ISTRAR'S SIGNATURE
	24	FUNERAL DIRECTOR'S SIGNATURE	2.7401/BELAIR	- 11		
2	-	Lassalin. Luneral Home	ן לפון סברצוג	Rd 6 DATE M	AR 13'62 Cirk	Short S. Though

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the death. TO HO VR A15 (4) 1SM 7/61

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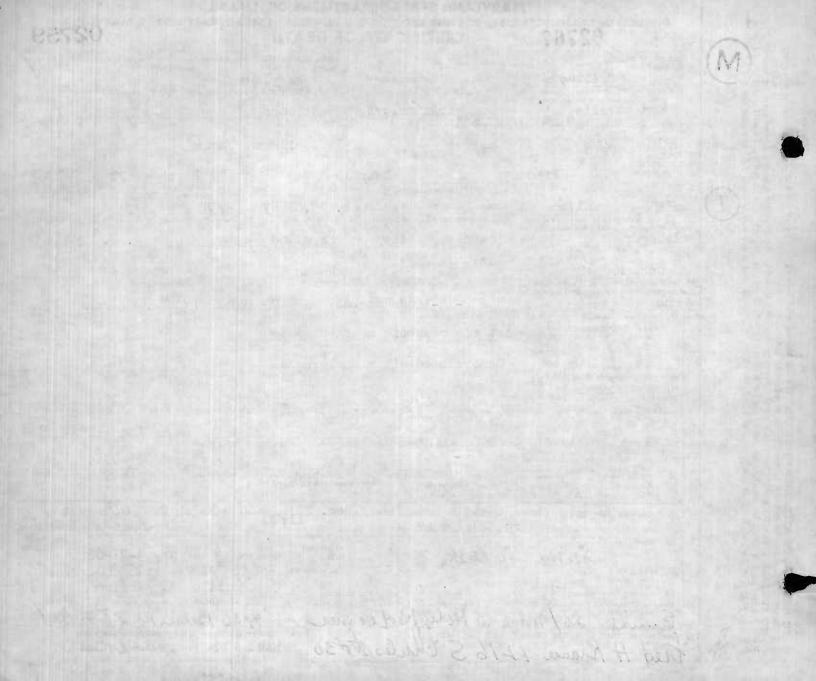
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02759

1. PLACE OF DEATH a. COUNTY			CE (Where deceesed lived,		nce before edmissign)
Baltimore	MARYLAND	a. STATE	land b. co	UNTY	V
b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16		If outside corporete limits, w	rite RURAL and give	neerest town)
write RURAL end give neerest town) Catonsville	lyr2mth2ldys	Baltimor	e	311	114
d. NAME OF HOSPITAL OR INSTITUTION (if not in	hospital, giva street address)	d. STREET AODRESS			IS RESIDENCE ON A FARM?
SPRING GROVE STATE HO	PTT AT.	1926 Wilk	ens "venue		YES NO
3. NAME OF First	Middle	Lest	4. DATE Mo	nth De	y Yeer
OECEASED (Type or print) Fred	Ret.	zold	OF DEATH Marc	ch 20	19 62
5. SEX 6. COLOR OR RACE 7. MAR		DATE OF BIRTH		ITS IF UNDER 1 YEAR	20
male white who		Oct. 25, 188	lest birthdey 78 yrs.	Months Deys	Hours Min.
TDe. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	. KIND OF BUSINESS OR INDUSTRY		nty & State, or foreign country	ry) 12. CITIZEN	OF WHAT COUNTRY?
	anning factory	Maryland		U.S.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
unknown		unknown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (Ifyesgivewerordetesofsarvice)	16. SOCIAL SECURITY NO. 17. I		Addr	ess	
no (lyasgivawarordalasoisarvica)	220-14-3482 Rec	ords: SPRIN	G GROVE STAT	E HOSPITA	T.
18. CAUSE OF DEATH [Enter only one ceuse p		or and, or many	o dioin on	111	TERVAL BETWEEN
PART I. OEATH WAS CAUSED BY: AT-	teriosclerotic he	eart disease		0	NSET AND DEATH
Monte of the chost (e)					
DUE TO	eneralized arter	insclamais			
Conditions, if any, which gave rise to immediata cause	MOTERALIS CO. EL OCT.	Cocteton			
(a), steting the underlying DUE TO					
cause lest. (c)					10 11/15 11/1505
PART II. OTHER SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE CONDITION (SIVEN IN PART 1(e)	PERFORMED?
LY CY					YES NO X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURED.	(Enter neture of injury in	Part I or Pert It of item 18.)		
Hour a.m.		CE OF INJURY (Home, ferrory, street, office bldg., etc		(County)	(State)
21. I certify that (1) (this hospital) att	ended the deceased from	Dec. 29	19.60 to March.	20 1962.	that (N (we) last
saw the deceased alive on March.			li 1		
22e. SIGNATURE		P	•		22b. DATE
	Clisty M.	O. PHYS.	MED. STAFF DIRECTOR PHYS.	3-21-6	
22c. PHYSICIAN'S NAME (Type) Stella Wachs]	Ler. M. D.		PRING GROVE Atonsville 28		SPITAL
	23c. NAME OF CEMETERY		23d. LOCATION (City,		(Stete)
230. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 26/ March-	62 Holy Rede	emec	14430 Belas	a Road +	30 md
24 FONERAL DIRECTOR'S SIGNATURE	11 C ADDRESS OF OR		C'D BY REGISTRAR 25b.	REGISTRAR'S SIGN	
1 1 reg 17 maire 121	6 5 cacus,	D O DATE "			



1	21	1	MARYLAND STATE DEPARTMENT OF HEALTH
2	~		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
न ज्ञा	M	_	CERTIFICATE OF DEATH Them 1 Film G310 4/6/62 iwk U2760
funer shoul	W		PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed livad, If institution: Residence before admission) 5. COUNTY 6. COUNTY 7. L. B. COUNTY 7. COUNTY 8. STATE 6. COUNTY 8. STATE
12 0 CT	~	_	12 SITIMORE MARYLAND MARYLAND Pr. GEORGES CO
by the			b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) LENGTH OF STAY IN 1b LENGTH OF STAY IN 1b Years—9 mons.
ithin 2. Illed in I ages 1 rs after	14		d. NAME OF HOSPITAL OF INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS o. IS RESIDENCE
Fagure Page urs	1 /	1	Spring Grove State Hospital 7440 Brinkley Rd. SF YEST NOT
letely pers. 72 ho		3.	NAME OF First Middle Last 4. DATE Month Dey Year
mp pa in 7			(Type or print) Martha (BiGGS DEATH March 29 1962
d co		5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min. Hours Min.
n and a car		10.	- W WIDOWED DIVORCED 3-11-80 82 yrs.
certificat physician ar remove		do	na during most of working life, aven if ratired)
phy cer		13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
death ding p			Unknown unknown
ie de ien plen i, an			WAS DECEASED EVER IN U.S., ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
he all			NO Records of the Hospital
es the cian. by t rmit.			18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] PART I, DEATH WAS CAUSED BY: ONSET AND DEATH
hysical hysica			IMMEDIATE CAUSE (6) I NELLWIONLA
law req ding phy en signe l-transit emation	/		DUE TO Conditions, if any, which (b)
e la andir been rial-t cren			geva rise to immediata ceusa
or afte e has b the bur burial,			(a), stating the underlying cause last. (c)
Mr	0	No	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY PERFORMED?
Spita tiffica se as or to		CATI	Chronic Brain Syndrome associated & Cerebral Cliteriosdessed YES 1 NO X
HYS e ho or u		CERTIFICATION	20s. ACCIDENT WAS UNDERLYING 70th DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH
this this ad f			(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, ; 20f. (City or town) (County) (Steta)
Afte Afte of H		MEDICAL	Hour e.m. While Not While fectory, street, office bldg., etc.)
ENT Stain OR: of de		2	21. I certify that (I) (this hospital) attended the deceased from June 19., 1959, to Warch 29, 1962, that (I) (we) last
Per de la			saw the deceased alive on March 29 1962, and that death occured at 2.15 MH from the causes and on the date stated above
OR JIRE Shot			228. SIGNATURE ATTENDING MED. STAFF 1 226. DATE SIGNED
True 14			Jose & Cruzaga M.D. PHYS. DIRECTOR PHYS.
HOS. All siled with t	1		122c. PHYSICIANTS JOSE R. ARIZAGA, H.D. SPRING GROVE STATE HOSPITAL
HOS. eath. P FUNN irector,		238	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF GEMETERY OR CREMATORY 23d. JOCATION (City, town, or county) (State)
death. TO FU		_6	Burial 3/31/62 Bells. Camp Apring On Good
VR A15 (4)		24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS
15M 9/60	1		Semmons Bus 1661 Seed 100 pelle APR 2 '62 Chimila.

[] 871580 LANGE TO ALL Cations VIVE Bapli Sprine Grave State Page Machia THE KONDER TE WHILESTER Un Present or West de reveren Waterway Received of the Haspital 3VA Chart 1971 and made monthing

	DIVISION OF STATISTICAL RESEARCH AND RECORD	DS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
Ig d	02769 CERTIFICA	TE OF DEATH 02761	
should Should	1. PLACE OF DEATH • COUNTY	2. USUAL RESIDENCE (Where decessed lived, If Institution, Residence before edmissi	ion)
5 % - N	Baltimore MARYLANI	o. STATE Maryland b. COUNTY Baltimore	
and 2 death.	b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town)		
rages t a urs after d	Owings Mills 70 years	/ Owings Mills	
after	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS o. IS RESIDEN ON A FAR	
Nours	8 Kingsley Road	8 Kingsley Road YES NO	
-	3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Yeer	
	(Type or print) Mazie Alverta	Bitzer DEATH March 13 19 62	2
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 Hours Minutes M	
	Female White WIDOWED DIVORCED	April 1, 1883 78 yrs. Months Deys Hours Min	n.
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNT	TRY?
	Housewife	Carroll Co., Md. U.S.A.	
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	William Blizzard	UNKNOWW	
		. INFORMANT Address Maryl	an
	no none	Arthur C. Bitzer, Kingsley Rd. Owing	gs
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	1) (INTERVAL BETWEEN ONSET AND DEATH	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL VO	suler accident I mont	ス
	DUE TO CAT.	,)	
	Conditions, if eny, which (b) Urlenosclero	sid - generalized years	1
	geve rise to immediate cause (e), stating the underlying DUE TO	1 1 2 1	
	ceuse lest. (c) (Irthreles)	- Rheumatord years	1
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOP	
U	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	YES NO	X
	ZDa. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH 2Db. DESCRIBE HOW INJURY OCCU CAUSE CAUSE	RED. (Enter nature of injury in Pert I or Pert II of item 18.)	
	2Dc. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED 2De. While Not While Port of work et work	PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State, factory, street, office bldg., etc.))
	p.m. 19 et work et work		
	21. I certify that (I) (this tospital) attended the deceased fro	m. Yelly 1961, to 11 lich 3, 1967, that (1) (wa)	last
	saw the deceased alive on Mucha. 1.2.1962, and t	hat death occurred at 194 th, from the causes and on the date stated abo	
	220. SIGNATURE & & MC/ DA	ATTENDING MED. STAFF SIG	TE
1	C. 4. 11 Williams	M.D. PHYS. DIRECTOR PHYS.	
- /	22c. PHYSICIAN'S NAME (Type)	Reisterstown Rd., Reisterstown,	6M
	C.E. McWilliams		==
	236. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETE		-
0		Hill Cometery Owings Mills, Maryland	d_
Capi	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS OWINGS Miles M	and and and and	
1 13	11 J. achhard Willis Hills, H	aryland DATEMAR 1 6 62 Orthon S. Thomas	

MARYLAND STATE DEPARTMENT OF HEALTH

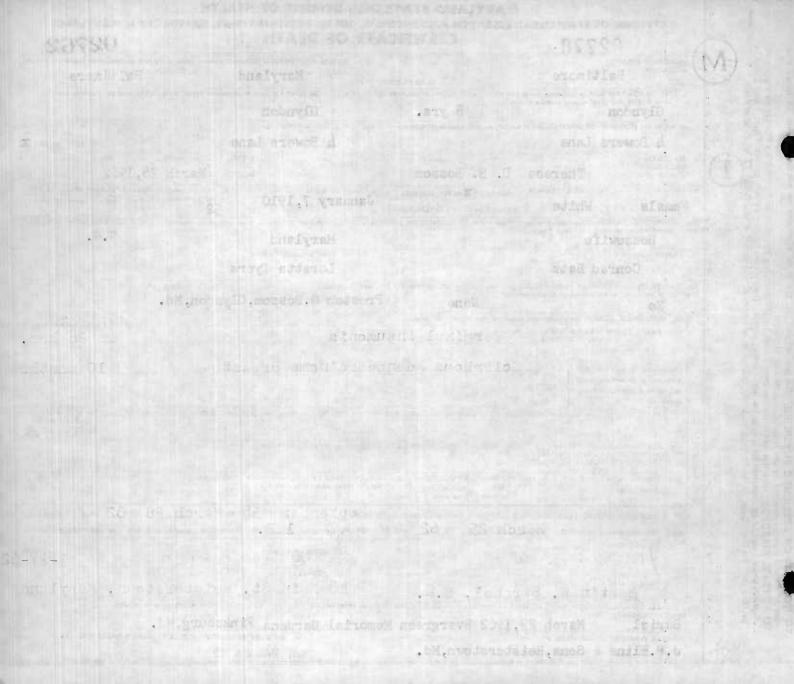
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		1
TO HOS AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed thin 24 hours after	death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral	
The law	thending s been si	ourial-trai
PHYSICIAN:	the hospital or a his certificate has	for use as the t
ATTENDING	death. Page 4 may be retained by the hospital or attending physician. CO FUNERAL DIRECTOR: After this certificate has been signed by th	ould be detached are Dept. of Heal
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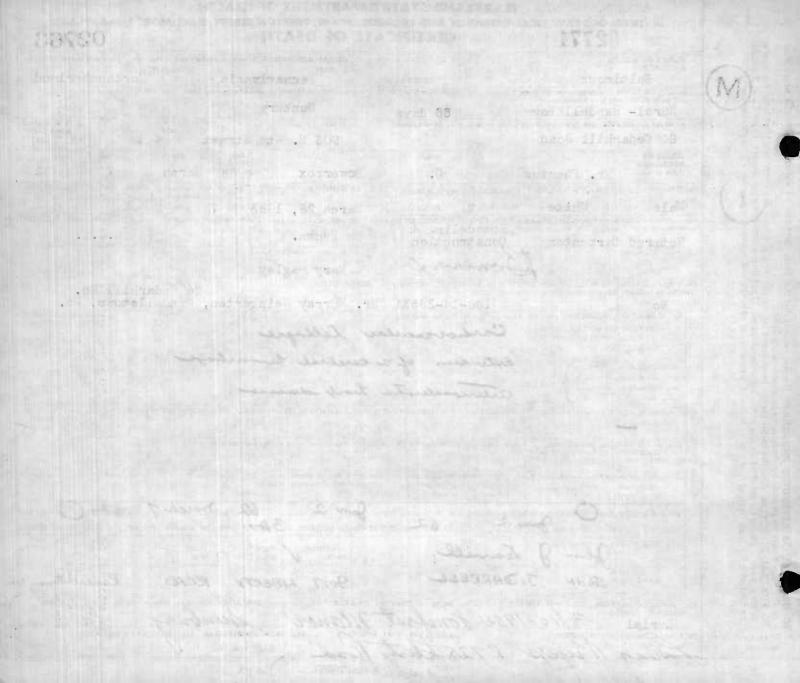
VR A15 (4) 15M 7/61 MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

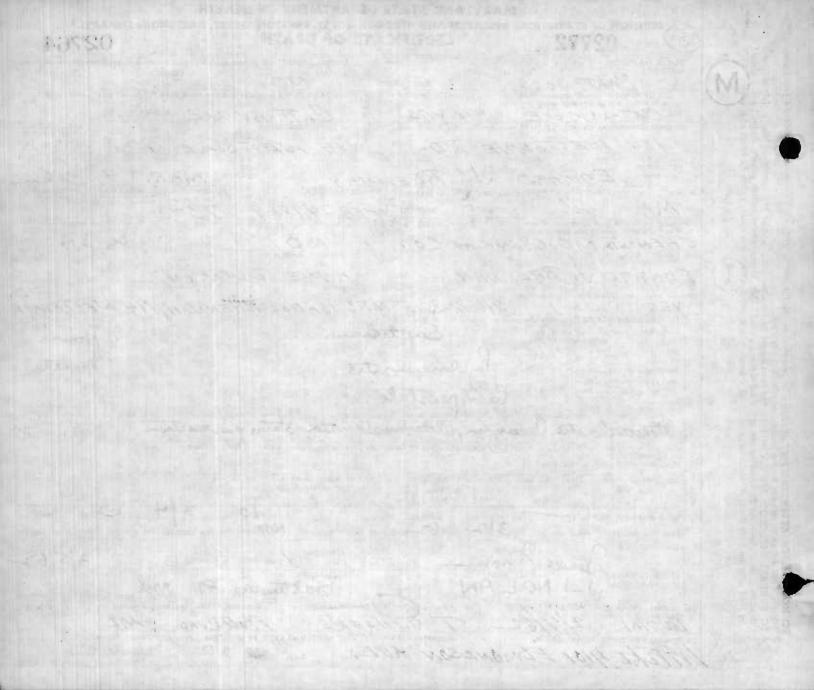
02770 CERTIFIC	02762
PLACE OF DEATH a. COUNTY Baltimore MARYLA	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. STATE Maryland b. COUNTY Baltimore
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown) Glyndon 8 yrs.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Glyndon
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet address 4 Bowers Lane	d. STREET ADDRESS A Bowers Lane o. IS RESIDENCE ON A FARM? YES \(\sum \no \(\sum \)
NAME OF DECEASED (Type or print) Theresa D. B. Bossom	Last 4. DATE Month Dey Year OF DEATH March 26, 1962 19
5. SEX 6. COLOR OR RACE 7. MARRIED Theyer MARRIED Female White WHOWED DIVORCED	January 7, 1910 52 yrs. Months Days Hours Min.
0a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Housewife	Maryland Maryland 11. BIRTHPLACE (County & Steta, or foreign country) U.S.
3. FATHER'S NAME Conrad Batz	Loretta Dyers
S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Yes, no, or unknown) (Ifyesgivawerordalesofservice) None	Preston O.Bossom, Glyndon, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Terminal Pn	ONSET AND DEATH
Conditions, if any, which gave rise to immadiate cause (a), stating the underlying cause last.	enocarcinoma Breast 10 month
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS: PERFORMED? YES \(\sum_{\text{NO}} \) NO \(\sum_{\text{NO}} \)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH FOR CONTRIBUTING TO DEATH FOR CONTRIBUTING TO DEATH FOR CONTRIBUTING TO DEATH FOR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CCURED. (Enter netura of injury in Pert I or Pert II of itam 18.)
20c. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED 21 Hour e.m. While Not While et work 19 et work	De. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) fectory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased saw the deceased alive on March 25 19.62, and	from September, 1958 to March 26., 1962, that (I) (we) lad that death occured It. P.M., from the causes and on the date stated above
220. SIGNATURE & Strokel	ATTENDING MED. STAFF SIGN
22c. PHYSICIAN'S NAME (Typa) Martin E. Strobel, M.D.	48 Main St. Reisterstown, Maryland
3a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEM	MEMORIAL Gardens Finksburg, Md. (Steta)
J.F. Eline & Sons. Reisterstown. Md.	258. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



	DIVISIO	02771		EARCH AND RECORD		TON STREET,		-	RYLAND 1276	0
1.	PLACE OF DEA	TH			2. USUAL RESIDE	NCE (Where decess	b. COUN		ce before ed	dmissio
		imore		MARYLANI	Penn	sylvania		Northu		
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL end give nearest town)					(It outside corporete	limits, write	RURAL end give	neerest lown	1)
		Randalls		56 days	Sunb			75	X '3	SIDENC
		rhill Ros		spirel, give street eddress)		4th Street				FARM
3.	NAME OF DECEASED (Type or print)	Mr. Pher	First	Middle C.	Bowersox	4. DATE OF DEATH	Month March	Dey	Yeer 19	62
5.	SEX			ED NEVER MARRIED	B. DATE OF BIRTH			IF UNDER 1 YEAR		
	Male	White			March 26,		birthday)	Months Deys	Hours	Min.
	. USUAL OCCU	ATION (Give kind	of work 10b. I	CIND OF BUSINESS OR INDU		2000 .0	on country)	12. CITIZEN	OF WHAT CO	OUNTR
QC.		Carpenter		odeling &	Penna.			U.S	.A.	
13.	FATHER'S NAM	our position	Bo	wersox	14. MOTHER'S MAIDE					3
	s, no, or unkown)	EVER IN U.S. ARM	letes of service)	SOCIAL SECURITY NO. 17	Mr. Murray W		24 Ce	darhill	Rd.	
	NO 18. CAUSE O	F DEATH Enter o		line for (e), (b), end (c).]	MI . Mullay !	erngar den,		IN	TÉRVAL BETV	
	Conditions, if geve rise to imn (e), steting the	underlying	(b) DUE TO (c)	terorduotes		. سعدد				
	cause last,		CONDITIONS CO	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE CON	DITION GIV	EN IN PART 1(e)	PERFOR	RMED?
CATION		HER SIGNIFICANT							YES N	NO F
CERTIFICATION	PART II. OT	WAS UNDERLYING CAUSE OF I	DEATH	SCRIBE HOW INJURY OCCU	RED. (Enter neture of injury	in Pert I or Pert II of it	em 18.)		YES A	NO [
MEDICAL CERTIFICATION	PART II. OT	WAS UNDERLYING OF CAUSE OF I IFY MEDICAL EXA NJURY Month, I n.	MINER)	INJURY OCCURRED 20e.		arm, 20f. (City or to		(County)		(Stete)
_	PART II. OI 20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NOI 20c. TIME OF I Hour e. p. 21. I certify saw the dec	WAS UNDERLYIN, NG [] CAUSE OF I IFY MEDICAL EXAMINATION M, m, m, tha (1) (this eased alive on	Dey, Yeer 20d. While 19 et wo	INJURY OCCURRED 20e. le Not While rk et work nded the deceased fro	PLACE OF INJURY (Home, fectory, street, office bldg.,	20f. (City or to)	own)	7, 1962	tha (I) (v	(Stete) we) I
_	PART II. OI 20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NOI 20c. TIME OF I Hour e. p. 21. I certify saw the dec	WAS UNDERLYIN, NG CAUSE OF I IFY MEDICAL EXAMINATION M. That (I) (this eased alive on RE John	DEATH MINER) Dey, Yeer 20d. Whit 19 hospital) atter	INJURY OCCURRED 20e. le Not While rk et work nded the deceased fro	PLACE OF INJURY (Home, fectory, street, office bldg., m. 2	20f. (City or to ste.) 7. 1962 to 7. 3. A.M., from the	own)	7, 1962	tha (I) (v	(Stete)
_	PART II. OT 20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NOT) 20c. TIME OF I Hour e. p. 21. I certify saw the dec 22a. SIGNATU	WAS UNDERLYIN, NG CAUSE OF I IFY MEDICAL EXAMINATION M. That (I) (this eased alive on RE John	DEATH MINER) Dey, Yeer 20d. Whit 19 hospital) atter	INJURY OCCURRED 200. le Not While et work det w	PLACE OF INJURY (Home, fectory, street, office bldg., m	arm, 20f. (City or to ste.), 1962 to M. M. from the DIRECTOR PI	own) arch arch TAFF	7, 196.2, and on the d	tha (I) (v	(Stete) we) I abo DATI
WEDICAL 233	PART II. OT 20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NOT) 20c. TIME OF I Hour e. P. 21. I certify saw the dec 22a. SIGNATU 22c. PHYSICIAI NAME (Ty BURIAL, CREM REMOVAL (Spec	WAS UNDERLYIN, NG CAUSE OF I IFY MEDICAL EXA. NJURY Month, I tha (I) (this eased alive on RE John ATION, 23b. DA	DEATH MINER) Dey, Yeer 20d. 19 White Hospital) after Dey, Zeer Tr DAK	INJURY OCCURRED 200. le Not While et work det w	PLACE OF INJURY (Home, fectory, street, office bldg., m.) 2 that death occured at ATTENDING PHYS. 22d. ADDRESS 9017 L/1 RY OR CREMATORY	arm, 20f. (City or to steel), 1962 to M. T. 3. A.M., from the DIRECTOR PI	TAFF HYS. COPD. N (Cyy, tov	7, 1962, and on the december of the country)	tha (1) (value stated 22b.	we) I abo



100		MARYLAND STATE DEPARTMENT OF HEALTH	
3	(8	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, 02772 CERTIFICATE OF DEATH	02764
(1. 1	LACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution COUNTY)	Residence bafore admission)
M)		BALTIMORE MARYLAND MD:	it inore
/		CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL a	and give neerest town)
X	-	NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
1		114 WESTOWNE RDI 114 WESTOWNE PRE	YES NO
	1	NAME OF First Middle Last 4. DATE Month OF Property of Print Property of Print Property of Print Property of Print	Dey Yeer 4, 1962
	5.	6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDE	RIYEAR IF UNDER 24 HRS.
		M. WIDOWED DIVORCED FEB. 24, 1889 73 yrs. Months	Deys Hours Min.
	10a. dor	e during most of working life, even if retired)	CITIZEN OF WHAT COUNTRY
	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME	u.s.A,
T	E	DWARD VI BRENNAN ANNE DURKIN	
		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address no, or unknown) (If yes give wer or detes of service)	RI
	1	VES WW 1. 216-12-25-15 MRS ISABEL BRENNAN, 114 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	WESTOWN A
5		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ONSET AND DEATH
		DUE TO P	1
		Conditions, if any, which gave rise to immediate cause	Moulhs
		(a), steling the underlying DUE TO	
1	NO NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTROLLING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	RT 1(a) 19. WAS AUTOPSY PERFORMED?
	ICATI	Otteros claratia herrysu, aldernual arth - status p.o. resection	YES NO
	CERTIFICA	20a. ACCIDENT WAS UNDERLYING [] 20b. OF SCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Port II of item 18.) OF CONTRIBUTING [] CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER)	
	3	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, farm, 20f. (City or town) (C	ounty) (State)
	MEDI	p.m. 19 et work et work	
			9 That (I) (wo) las
		saw the deceased alive on	the date stated above
1		M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	3/5/62
1		PHYSICIAN'S NAME (Type) J I NO LAN 22d appress Balturore 29 mel	
	23a	BURIAL CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETER) OR CREMATORY 23d. LOCATION (City, town or countries)	inty) (State)
0	1	SURIAL 3/7/62 ST. MICHAELS FROSTBURG N	1D.
300	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 250. REC'D BY REGISTRAR 256. REGISTR	s SIGNATURE
10	X	ITAK, 7101 + DIVIONATION INTERNAL	



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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02765

1. PLACE OF DEAT	Н		2. USUAL RESIDE		b. COUNT		ce befora admission)
	ltimore	MARYLAND		ryland		Daltin	nort
b. CITY OR TOWN write RURAL en	(if outside corporate limits, ad give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corpora	te limits, write	RURAL end give	nearest town)
Fort How	ard	16 Days	X Ba.]	Ltimore			
d. NAME OF HOSP	ITAL OR INSTITUTION (if m	not in hospital, giva street eddress)	d. STREET ADDRES				e. IS RESIDENCE ON A FARM?
	Administrati		3028 New	York Ave	•		YES NO
3. NAME OF DECEASED	First	Middle	Last	4. DATE	Month	Dey	Year
(Type or print)	ANDREW	S.	BRICK	DEATH	March	18	1962
5. SEX	6. COLOR OR RACE 7	MARRIED NEVER MARRIED	B. DATE OF BIRTH			F UNDER 1 YEAR	
Male		WIDOWED TO DIVORCED	September 14	1.1894	67 yrs.	Months Days	Hours Min.
10a. USUAL OCCUPA	TION (Give kind of work	106. KIND OF BUSINESS OR INDUST				12. CITIZEN C	F WHAT COUNTRY?
done during most of w	orking life, even if retired)	Unknown	Russia			Unknow	m
Machinis 13. FATHER'S NAME	U .	OHAHOWH	14. MOTHER'S MAIDE	N NAME		OLLINIOW	24
Steven B	rick		Tukla Pl				
15. WAS DECEASED E	VER IN U.S. ARMED FORCE	S? 16. SOCIAL SECURITY NO. 17.			Address		
Yes, no, or unkown)	(If yes give we ror detes of serv		IN.REC.VAH B	ALTO 18,1		OWARD DI	VISION
18. CAUSE OF	DEATH [Enter only one ca	use per line for (a), (b), end (c).]		5 7 7 1 1 1 1			TERVAL BETWEEN
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	BRONCHOPNEUMONIA					RECENT
1 1 0	DUE TO	CHRONIC PYONEPHRO	STS WITH LIRO	OT.TTHTAST	S AND		
Conditions, il en	9.4	PERIRENAL ABSCESS					UNKNOWN
geve rise to immed	diate cause	TENTILEMAL ADDOCED	THE PERSON COME				DIAIGNOMIA
(a), steting the	underlying DUE TO						
cause lest.) (c)				LINE COLL COL		
PART II. OTHE		ONS CONTRIBUTING TO DEATH BUT N			NDITION GIVE	N IN PART 1(e)	PERFORMED?
3 ARTERIO	SCLEROTIC HE	ART DISEASE - Dure	ation Unknow	n.			YES X NO
OR CONTRIBUTING	VAS UNDERLYING 2 G CAUSE OF DEATH Y MEDICAL EXAMINER)	Ob. DESCRIBE HOW INJURY OCCURE	D. (Enter nature of injury i	in Part I or Part II of	item 1B.)	TE T	
3 20c. TIME OF INJ	URY Month, Day, Year		ACE OF INJURY (Home, fa		r town)	(County)	(Stete)
20c. TIME OF INJ Hour a.m.		While Not While fe	ctory, street, office bldg., e	etc.)			
	19		Manah 2	62 M	omah 18	.60	
21. I certify	that (this hospital) attended the deceased from	March 2				that X) (we) las
	sed alive on March	n 18 19 62, and the	at death occured at		he causes a	nd on the d	
220. SIGNATURE	9/	760	ATTENDING	MED. DIRECTOR	STAFF PHYS.		22b. DATE SIGNED
22c. PHYSICIAN'S	~ nomes	Cralcan	M.D. PHYS.	DIRECTOR 1	71113.		3/20/0
NAME (Type	e)	ATIAN MED		18 10 1	on House	OD DEUTO	TON
	THOMAS F. CR		VAH BALTO		ON (City, tow		
REMOVAL (Specify Burial		Baltimore Nat					(Stete)
24 FUNERAL DIRECTO		ADDRESS		EC'D BY REGISTRA			TURE
Wm.Cook Bl:		9 Harford Road Bal	to 14 Md DATE	MAR 2 2 '6	2 0	-Hun 8 10	south .

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Maryland

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6000 Harriord Road Bollto. 14, 143

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RYLAND STATE DEPARTMENT OF HEALTH

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RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) y is necessary, I director. Page or your files. e. COUNTY b. COUNTY Baltimore Md. Carroll MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give nearest town) l day Reisterstown Hanpstead d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS Boar IS RESIDENCE ON A FARM? retained he State B Mt. Gilead Road R. F. D. 1 YES NO X 3. NAME OF Middle Last 4. DATE Month Dey DECEASED (Type or print) Charles DEATH W. Brown March 15. 62 19 s 1, 2, and 3 to age 5 may be 1 and 2 with 1 72 hours afte 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 9. AGE (In years | IF UNDER 1 YEAR | 8. DATE OF BIRTH IF UNDER 24 HRS. lest birthdey) Months | Days Hours Male White WIDOWED DIVORCED May 23. 1902 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) thin 24 hours after. Give Pages 1, 2, orm PM3. Page 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired Farmer Maryland pages USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME encil in Item 18, Giv e along with form P David Brown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detes of service) No Charles Brown Jr. Owings Mills. Md. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute Congestive Heart Failure " in pencil i Office alor 10 min. DUE TO pinous Conditions, if eny, which d "pending" i Examiner's O se used as a b geve rise to immediate cause DUE TO (e), steting the underlying cremation, o PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO K none 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. none MEDICAL when the certificate, when the certificate, when the chief we ded to the Chief when the certification of t EXAMINER: none WEDICAL 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, ' 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) While Not While et work none none p.m. forwarded to the L DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection | X Inquiry & and in my opinion MEDICAL Natural causes X Accident Homicide Undetermined manner death resulted from: Suicide CHIEF MEDICAL EXAMINER 2. D. Caplor designated ACTUAL lease execute to should be for the FUNERAL D ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY EXAMINER'S 3-17-62 D. D. Caples, M. D. 6 Hanover Rd. Reisterstown, Md. NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) March 19, 1962 flover in Cemetery Q40 Burial ō Reisterstown Md. ADDRESS 23. FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME J. F. Eline & Sons Reisterstown, Md. 5M 7/59 DATHAR 1 9 '62 Outling & Kons

STENS STU Property of Mary Brewn Pis-12-2819 Charles Brann er. BE CULLIM WOLLING the sent tall break by branch between the sent BUSEL MUNICIPALITY TOWNS TOWNS OF THE TOWNS S. D. C. Company and C. C. Company of the Company o after death.

PARTY - TO MANAGE BY A.E. O. E. many the first annual to the first of the first and appear to the supplier and a State of the first of the state of the sta the Country of the Co

TISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should, PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution; Residence before edmission) a. COUNTY a. STATE b. COUNTY by the and 2 death. BALTIMORE MARYLAND MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town) FORT HOWARD Pages BERLIN d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? papers. Pa YES X NO ADMINISTRATION HOSPITAL ROUTE 3. NAME OF Middle Month Yaar DECEASED OF DEATH MARCH (Type or print) GEORGE H. 19 62 BUNTING S. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. and ₹ last birthday) Months Deys Male White February WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Farmer - Retired U. S. A. Farming Hopesville, Ohio 13. FATHER'S NAME Willis Bunting Agnes Winning 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address Clinical Records, VAH, Baltimore 18, Maryland Fort Howard Division RVAL BETWEEN (Yes, no, or unkown) | (Ifyesgivewerordatesofservice) Yes SAW None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ARTERIOSCIEROTIC CARDIOVASCULAR DISEASE UNKNOWN IMMEDIATE CAUSE (a) DUF TO Conditions, if env. which gava rise to immediate ceusa DUE TO (a), stating the underlying cause last. the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? PULMONARY EDEMA. CHRONIC NEPHROSCLEROSIS prior NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) While Not While Hour s.m. at work at work 21. I certify that X (this hospital) attended the deceased from July 23 1961, to March.....11 ..., 19..62 that (1x(we) last pinous saw the deceased alive on March 19.62, and that death occured all M. M. from the causes and on the date stated above. 22b. DATE SIGNATURE ATTENDING SIGNED PHYS. DIRECTOR PHYS. M.D 162 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) VAH BALTO ector, 18 MARYLAND, FT. HOWARD DIVISION THOMAS F. CRAHAN, M.D. 23c. NAME OF CEMETERY OR CREMATORY 238. BURIAL, CREMATION, 236. DATE THEREOF 23d. LOCATION (City, town or county) REMOVAL (Specify) i.p Arlington National Cemetery Arlington Removal REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Baltimore 14, Maryland 15M 7/61 Chilling S. Thousa Wm. Cook-Blight, Inc, 6009 Harford Rd..

MARYLAND STATE DEPARTMENT OF HEALTH

24 hours after

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MADVIAND STATE DEDADTMENT OF HEALTH

	MARILAND STATE DEPARTMENT OF HEALT	n
DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTON STREET,	BALTIMORE 1, MARYLAND
02778	CERTIFICATE OF DEATH	000

e. COUNTY	n		2. USUAL RESIDENC	CE (Where dece		ition: Kesiden	a perore a	amission
	Baltimore	MARYLAND	a. STATE M	d.	b. COUNTY	Baltin	no re	
	(if outside corporete limits, d giva nearest town) nore	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (III	f outside corpore	ate limits, write RUR	AL and give r	neerest town	n}
d. NAME OF HOSPI	TAL OR INSTITUTION (if not in	hospilal, give street address)	d. STREET ADDRESS				a. IS RE	SIDENCE FARM?
101	1 Beechfield Av	zenue	1011 Beech	hfield /	Avenue		1	NO
3. NAME OF	First	Middle	Last	4. DATE	Month	Dey	Year	Arabi
(Type or print)	John		surgoon, Sr.	OF DEATH	March	1,	19	
5. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED 8	. DATE OF BIRTH		AGE (In years IF U		IF UNDER Hours	24 HRS.
male	white woo	WED X DIVORCED	Feb. 9, 1888	3477	74 ysrs.	IIIIs Deys	nours	win.
	FION (Give kind of work 10b orking life, even if ratired)	. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Count	ty & State, or for	eign country) 1			OUNTRY?
retir	red plumber	Self	Maryland 14. MOTHER'S MAIDEN I	NAME		U.S.	. A	
Harve	y Burgoon		Emma Frock					
(Yes, no, or unkown) (If yes give wer or detes of service)	6. SOCIAL SECURITY NO. 17. 1	NFORMANT		Address			
no		Jo	hn M. Burgoon	n, Jr.,	1243 Lee	ds Teri	race_#	127_
	DEATH [Enter only one cause pr	Frine for (e), (b), and (c).]	10	2		INI	SET AND D	AA EELA
PAKI I. DEAI	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	'armany	/teremb	eses			10A	14
436	DUE TO ()	1 , 11	1-0-6		1		C	
Conditions, if any	y, which) (b) My	ocardeal 144	berlouse W.	Mereose	leroses		8 y	20
gave rise to immed	POLIC TO	//					/	
(e), steting the u	Inderlying (c)							
Z PART II. OTHE	R SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	AL DISEASE CO	NDITION GIVEN IN	PART 1(a) 1	9. WAS A	
ATIO							PERFO	RMED?
OR CONTRIBUTING	AS UNDERLYING 20b. [DESCRIBE HOW INJURY OCCURED	. (Enter netura of injury in F	Pert I or Pert II o	f item 18.)			A
20c. TIME OF INJU	JRY Month, Day, Year 20		CE OF INJURY (Home, farm ory, street, office bldg., etc.		r town)	(County)	((State)
P.m.	19 et v	vork et work						
21. I certify	that (I) (this hospital) att	ended the deceased from	Oct.	19.5.7, to	March 1	, 19 Gaz 1	hat (I) (we) last
saw the decea	sed alive on Tell	2/19.6.2, and that	death occured at 9.3	30AM, from 1	he causes and	on the da	ate stated	above
228. SIGNATURE	MANY	0 0			CHAFF		22b.	DATE
Sol	inte (a	elocolou M		AED.	STAFF PHYS.			SIGNED
22c. PHYSICIAN'S			22d. ADDRESS		1 201	1151		7
NAME (Type	John F. Coola	ahan, M. D.	4201 Will	kens Ave	enue #29			
23a. BURIAL, CREMAT	ION, 23b. DATE THEREOF	23c. NAME OF CEMETERY			ION (City, town or	county)	(St	ate)
REMOVAL (Specify Burial	3/5/62	Loudon Park	Comotory	Roltin	name Man	vland		
24 FUNERAL DIRECTO		ADDRESS			nove, Mar		TURE	
				MAR 5'6		Chur & 12		
wara H.	nubbara, 410/	Vilkens Avenue #	29 DATE	Lawfred #				

TO HOSE AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the death. Page 4 may be retained by the hospital or attending physician.

S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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	ECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director,	be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with	or to burial gramation or removal and in any event within 72 hours after death
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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

gofter death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02780

CERTIFICATE OF DEATH

Reg. Dist. No. 02

o. COUNTY Baltimore	MARYLAND	o. STATE Maryland	b. COUNTY	- Baltimone
b. CITY OR JOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside co	orporote limits, write RURA	L ond give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION Stella Maris Hospital		d. STREET ADDRESS	Street	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Mangare:	Middle	Cain 4. DAT	77.01.111	Day Year 4 1962
S. SEX 6. COLOR OR RACE 7. MAR Female White WIDOV	THE CONTRACTOR OF THE PARTY OF	B. DATE OF BIRTH 12/15/1877		UNDER I YEAR IF UNDER 24 HRS. Onths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NO NO.		STRY 11. BIRTHPLACE (Stote or foreig		12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME James A. Cain		14. MOTHER'S MAIDEN NAME Ann France	010 1	M, S. P. I.
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service)		Mormant Admission record	Address	
18. CAUSE OF DEATH [Enter only one couse per PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoting the under DUE TO	Ventricular	darky cardin - A	iserd	INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS		NOT RELATED TO THE TERMINAL DISI		IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH	INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 20f. (otory, street, office bldg., etc.)		(County) (State)
21. I certify that I attended the decear alive an MARCA 3, 19 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	and that death Mylon	accurred at 455 M, fi		on the date stated above DATE SIGNE TOWS ON 4 U.D.
220. BURIAL, CREMATION, 22b. DATE THEREOF BURIAL (Specify) 3/7/62	New Cathedr		CATION (City. town, or co	ounty) (Stote)
23. FUNERAL DIRECTOR'S SIGNATURE John A. Moran 3000 E. 1	ADDRESS Baltimone St	24a. REC'D BY REC	0.160	R'S SIGNATURE

 TO HOS CAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

VR A1S (4) 15M 7/61 MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

02781

CERTIFICATE OF DEATH

02773

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If Institution, Residence before edmission)
Baltimore	MARYLAND A. STATE Maryland b. COUNTY
b. CITY OR TOWN (if outside corporete limits, write RURAL end give nearest town)	H OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest lown)
	5 days Baltimore -23 3vol.4
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give st	reet address) d. STREET ADDRESS e. 15 RESIDENCE
Veterans Administration Hospi	ital 18 S. Arlington Street YES NO X
3. NAME OF First A	Middle Last 4. DATE Month Day Yeer OF
(Type or print) WTT:LTAM	DEATH 10
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER	R MARRIED 8. DATE OF BIRTH 9. AGE IN YEAR IF UNDER 1 YEAR IF UNDER 24 HRS.
10.0	Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSI	INESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	
Chef Restaurar	ats Baltimore, Maryland U.S.A.
13. PATHER S NAME	14. MOTHER'S MAIDEN NAME
William Caldwell	Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SEC (Yes, no, or unkown) (Hyesgivewerordetesofservice)	CURITY NO. 17. INFORMANT Clinical Records VA Hospital
Yes WW-1 217-01-	
18. CAUSE OF DEATH (Enter only one cause per line for (e), (1	b), end (c),
PART I. DEATH WAS CAUSED BY:	OF LEFT MIDDLE CEREBRAL ARTERY WITH 5 MONTHS
3 4	Va Alla Valla Vall
	D RIGHT HEMIPLEGIA UNKNOWN
Conditions, if eny, which DUE TO CEREBRAL A	ARTERIOSCLEROSIS
(e), stating the underlying DUE TO	
cause last. (c)	
Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
BRONCHOPNEUMONIA. DECUBITUS UI	LCERS OF SACRUM AND RIGHT LEG.
☐ 20e. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW	INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCC While Not W at work 19 at work 19 at work 19 at work 19	70 111
Hour e.m. While Not WI	
21. I certify that N (this hospital) affended the c	deceased from Nov 14, 1961, to Mar. 19.62 that (1) (we) last
	62., and that deeth occured at 2.2. M, from the causes and on the date stated above.
22e. SIGNATURE	ATTENDING MED. STAFF PAYS. PAY
1 releman	M.U. 1
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
IRVING FREEMAN.M.D., Chief. Medic	cal Service VAH Balto. 18, Md. Fort Howard Division
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAM	ME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete)
REMOVAL (Specify) 2/22//2	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Burial 24 FUNERAL DIRECTOR'S SIGNATURE ADD	imore National Cem Baltimore 28, Maryland 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE
Wm. Cook-Blight, Inc., 6009 Harford	1 Rd. Balto. 14 Md PATE MAD 2 2 162 Outlan & Henry

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Annual Cook-Sirent, Inc., 6000 Harrord Md., Deloc. 14, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

PLACE OF DEATH

22c. PHYSICIAN'S

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 02782

2.	USUAL RESID	ENCE (Where de	eceesed lived, If insti	tution: Residence	e before admission)
	e. STATE	Mars Jan	b. COUNTY	-	

Baltimore	MARYLAND	e. STATE Mary lar	nd b. COUNTY	
b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside cor	porate limits, write RURAL en	d give neerest to
Catonsville	2vr2mthlidvs	Raltimore	2	V11.4

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO SPRING Hospi tal 656 Cokesbury Avenue

3. NAME OF 4. DATE Middle DECEASED OF (Type or print) DEATH 19 62 Samuel Cammarata 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthday) Months WIDOWED July 2, 1900 male 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired)

baker Sicily 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME

Trionfo 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give wer or detes of service)

Records: SPRING STATE 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute congestive heart failure IMMEDIATE CAUSE (e) DUE TO

or pulmonale and pulmonary hypertension gave rise to immediate cause DUE TO (e), steting the underlying

Chronic bronchial asthma

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) YES NO

CERTIFICATION 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

MEDICAL 20e. PLACE OF INJURY (Home, farm, (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) fectory, street, office bldg., etc.) Not While at work at work

21. I certify that (\$\mathbb{K}\$ (this hospital) attended the deceased from......Jan....L6....8:1360 to.....March.....20 19.62, that \$\mathbb{M}\$) (we) last saw the deceased alive on...

22e. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS.

NAME (Type) Stella Wachsler, M. D. Catonsville 28, Maryland
| 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY

Burial Belair Road Balto. 6 Md. Holy Redeemer Cem.

ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE MAR 21 '62

oseph Farace Inc. 712-14 E. North Ave.

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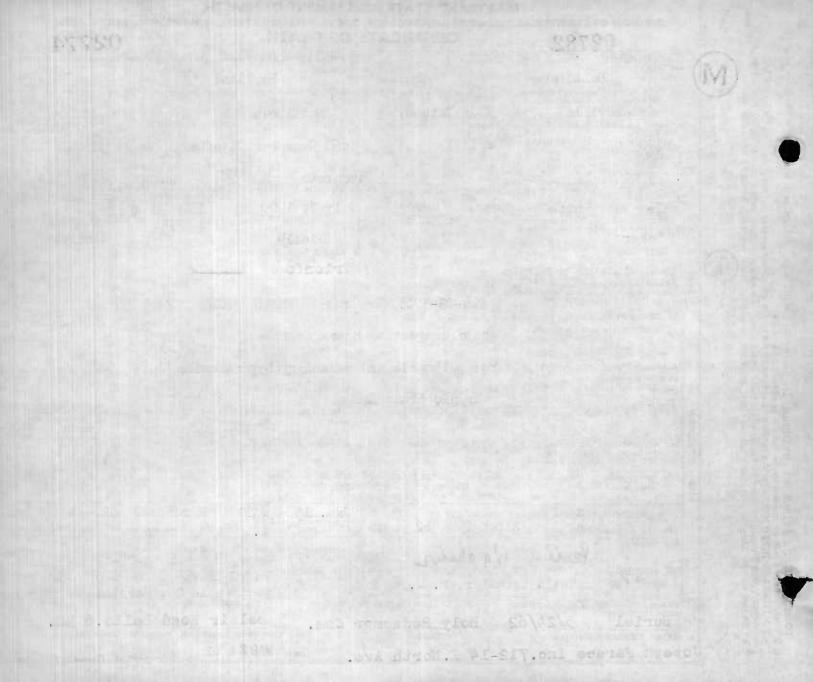
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PERFORMED?

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FOR STA			MEDICAL EXAMINER'S CERTIFIC	CATE OF DEATH Reg. Dist. Q.2776
HEALTH I	DEPT.	1. (ACE (Where deceased lived. If institution: Residence before admission) ARY LOND b. COUNTY BRITO
He H	IVI)	Ь	b. CITY OR TOWN (It outside corporate limits, write BURAL gnd give nearest fown) c. CITY OR TOWN	VN (If outside corporate limits, write RURAL and give nearest town)
your your		1		igoin'Ile
nece iral dir led for e Board h.	X	ď	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)	IShine Due o. 15 RESIDENCE ON A FARM?
the funder retains the Stot	-	1	NAME OF DECRASED (Type or print) 1-1212N Middle Carter	4. DATE Month Doy Year OF DEATH MACH 14 1962
h. If an id 3 to 5 may b	IJ		Female White Widowed DIVORCED B. DATE OF BIRTH WIDOWED DIVORCED 30 August	
Page 1 and 1 and 172 hin 72 h		10a	o. USUAL OCCUPATION (Give kind of work dane during most of working life, even if relired) Housewife Balto	(Stote ar foreign country) 12. CITIZEN OF WHAT COUNTRY: USA USA
Poges in PM3. Poges ent will				DEN NAME Ly Carter
hin 24 h i. Give with form iit. File			i. WAS DECEASED EVER IN U. S. ARMED FORCES? In o, or unknown) Ill yes, give wor or dates of service) None Jacob Mast	Address Kingsville P O Md
rould be executed wit in pencil in Item, 18 niner's Office along a a burial-transil perm in, or removal, and in			18. CAUSE OF DEATH [Enter only one couse per line for (a). (b). ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate couse [a), stating the underlying couse last. DUE TO Couse last.	
pending ical Exan e wed as	0	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE DI A BETTE S Me // Les 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in the second s	PERFORMED?
This cer word ef Med ould b				
ing the Charles as trior to		MEDICAL		etc.)
EXAM ie, wril ded to OR: Po jent. p			21. I certify that I took charge of the remains described above, held on Autopinion death resulted from: Natural causes, Accident, Suicide	
AEDICAL be forword AL DIRECT	2		EXAMINER'S ASSISTANT M	DATE SIGNED DEDICAL EXAMINER 3 - 4-62
EPUX Coute the Control		220	DEPUTY MEDI BURIAL, CREMATION, 122b. DATE THEREOF 122c. NAME OF CEMETERY OR CREMATORY	22d. LOCATION (City, town, or county) (Stote)
0 × 4 0 × 4 × 5 × 5 × 5 × 5 × 5 × 5 × 5 × 5 × 5	0		Burial 3-17-1962 Fork Methodist Cemetery	Fork Md
VS. A15ME 5M 2/57	M	23.		REMAR 1 6 '62 246. REGISTRAR'S SIGNATURE Outling S. Kraus

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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02	Mek	CERTIFICA	IE OF DEATH	7/20/62 ink	ONTIT.
1. PLACE OF DEATH	Baltimore	MARYLAND	2. USUAL RESIDENCE (WO. STATE	There deceased lived. If institution b. COUNTY	on: Residence before admission)
b. CITY OR TOWN RURAL ond give	(If outside corporate limits, w	crite c. LENGTH OF STAY IN 16		outside corporate limits, write RL	
Rural	Pikesville	3 Months	Jersev	Shore. Pa.	75x.3
d. NAME OF HOSP	PITAL (If not in hospital, give	street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Valley	Road. Pike	sville.Md.	413 Elm	Street	YES NO X
3. NAME OF DECEASED	First	Middle	Lost	4. DATE Mont	
(Type or print)	Martha	Cornelius	Clymer	DEATH March	
S. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH 7. 1	9. AGE (In years lost birthdoy)	Months Doys Hours Min.
Female	111111111	DOWED DIVORCED	Oct. 15,1	881 81 82 yrs.	
10o. USUAL OCCUPAT during most of wo	TON (Give kind of work done orking life, even if retired)	10b. KIND OF BUSINESS OR INDUS			12. CITIZEN OF WHAT COUNTRY
Housew		own home	Pine St	-	U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN		
	William Edg			izabeth Nicke	
1S. WAS DECEASED EV	/ER IN U. S. ARMED FORCES)	IFORMANT	Addr	Più •
No	None	None Mr	John K. C.	lymer, Box 571	+4, Pikesville8
	EATH [Enter only one couse EATH WAS CAUSED BY:	per line for (o), (b), ond (c).	01 1		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if gove rise to couse (o), stoting lying couse lost	g the under-	A Seriosclerol	The Heart	Device	years.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.)					
(IF EITHER, NOTIF	G CAUSE OF DEATH Y MEDICAL EXAMINER)				
20c. TIME OF INJU Hour o. m. p. m.	. 10	20d. INJURY OCCURRED 20e. PL While Not while for twork of work	ACE OF INJURY (Home, for ctory, street, office bldg., et	m, 20f. (City or town)	(County) (State
21. I certify that (I) (this haspital) attended the deceased fram. 2. 1962, ta Morel 12, 1962 that (I) (we) last saw the deceased alive an 3-6-62 1962, and that death accurred at 22. M, fram the causes and an the date stated above.					
220. SIGNATURE	1. Kan	low	M.D. ATTENDING N	AED. STAFF PHYS.	22b. DATE SIGNE
22c. PHYSICIAN'S NAME (Type)		Caplow. M.D.	22d. ADDRESS 1632 Re	isterstown Re	Md. d. Pikesville
23o. BURIAL, CREMATI REMOVAL (Specif Burial	ION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY	23d. LOCATION (City, town, o	or county) (Stote)
24. FUNERAL DIRECTO	R'S SIGNATURE NEW	ell ADDRESS Kurlle	le, ma 250. REC	D BY REGISTRAR 2Sb. REGIS	STRAR'S SIGNATURE

The first that general to be extra the miles to be suffered to The same of the sa

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATHE 2. USUAL RESIDENCE (Whare decased lived, Il institution: Residence before admission) a. COUNTY b. COUNTY ltimore MARYLAND b. CITY OR TOWN (if outside corporeta limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearast town) write RUBAL and give nearest town) timore .5d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS completely 3. NAME OF Middle Month DECEASED OF DEATH (Typa or print) 5. SEX AGE (In years) IF UNDER 1 YEAR 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Months WIDOWED DIVORCED ma please rem 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foraign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) unervisor 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME attending | Then please Sallie Grant coroe 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address moval, (Yas, no. or unkown) | (Ifyesgivewarordatesofsarvica) Edgedale Rd. 0 18. CAUSE OF DEATH [Enter only ona causa per lina for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-transit DUE TO Conditions, if any, which (b) gava risa to immadiate causa DUE TO (a), stating the undarlying cause last. the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH for (IF EITHER, NOTIFY MEDICAL EXAMINER 2Dd. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) 20c. TIME OF INJURY Month, Day, Yaar lactory, streat, office bldg., etc.) While Not While Hour a.m. at work at work p.m 19(2. 4 that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from. 19.62 and that death occured A. M., from the causes and on the date stated above. saw the deceased alive on... SIGNATORI ATTENDING DIRECTOR PHYS. M.D. FUNERAL TO FUNERAL director, page be filed with the 22d. ADDRES 22c. PHYSICIAN'S NAME (Typa) carino 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Spacify) emeteru burral H 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Corner S. Trave MAR 2 7 15M 9/60

ARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE ON A FARM? YES NO DO

62

Yaar

19

Hours

INTERVAL BETWEEN

ONSET AND DEATH

meaul

PERFORMED? NO

(Stata)

22b. DATE

(Stata)

SIGNED

IF UNDER 24 HRS.

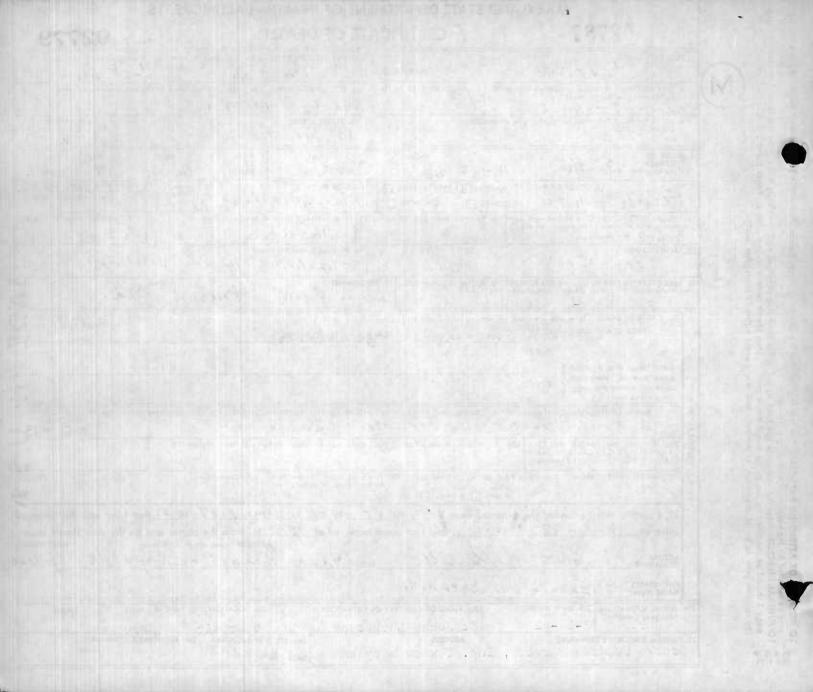
Day

35 55 J. Row See and See. The state of the s renovition par of ten, (o, has die THE RESERVE THE PARTY OF THE PA Ht 61 58 3 2 2 3 1 3 6 5 المعتدول المراج والمراج المراج المراجع S. L. J. Mass Jac. 5305 Har Joseph Land Land Land

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02787 CERTIFICATE OF DEATH Reg. Dist. 02779 I director, filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY Bult more MARYLAND funeral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If oulside corporate limits, write RURAL and give nearest lown) RURAL and give prarest town) hoe 11 should Mual d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE OR INSTITUTION ON A FARM? Nanor YES NO and NAME OF Middle 4. DATE Manth (Type or print) Dentha DEATH 1062 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys WIDOWED | DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) nouse + Farm Home 13. FATHER'S NAME Elizabeth Cathenine Gantner Ishn 15. WAS DECEASED EVER IN U. S. ARMED FORCES? None SECURITY NO - Phoenix Md. 17 INFORMANT 6 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) arcinoma 120 DUE TO Conditions, if ony, which gove rise to immediate DUE TO cause (o), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY PERFORMED? Anteniosclevotic candis Vasculah YES NO 13 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office blda., etc.) a. m. While Not while of work of work 21. I certify that I attended the deceased from : august, 1961, to March 19, 1962 that I last saw the deceased ___, and that death accurred at 12:45 M, from the causes and an the date stated above. ACTUAL SIGNATURE Cockeysville 3 should PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) poge REMOVAL (Specify)
Burial 3-21-62 St Johns Lutheran Sweet Air Maryland 9 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Brooks Funeral Service, Inc. Towson Maryland MAR 2 2 '62 Chillian S. Thomas VS A15 (4)

death.

15M 9/55



with

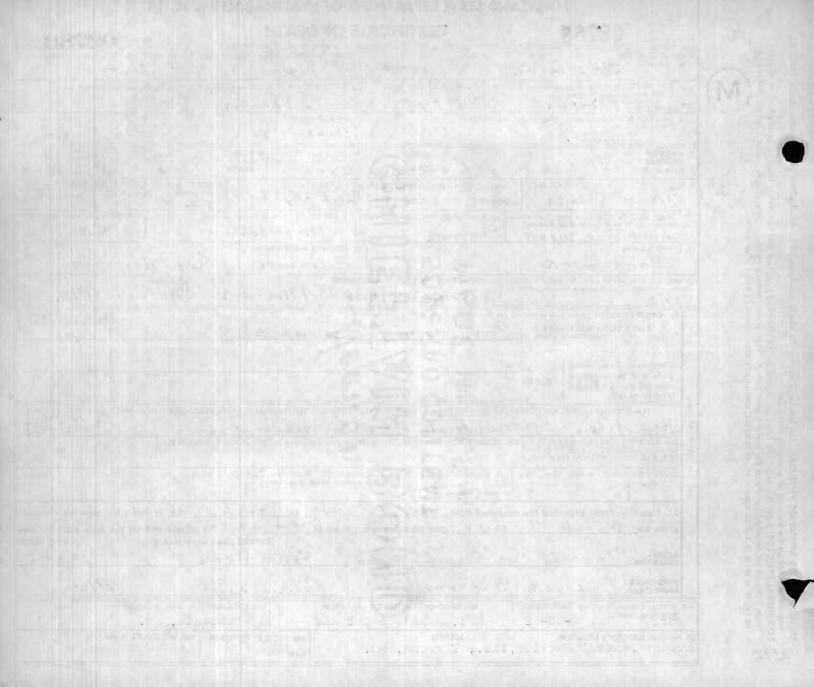
23. FUNERAL DIRECTOR'S SIGNATURE Brooks Funeral Service, Inc., Towson4, Md.

3-10-62

BUT Lal (Specify)

22c. NAME OF CEMETERY OR CREMATORY St. John's Sweet Air 22d. LOCATION (City, town, or county) Phoenix, Md.

240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE



FOR STATE

TO DEPULY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If eny delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Bord of Health, or its designated egent, prior to burial, cremation, or removel, and in any event within 72 hours after death. ours after death.

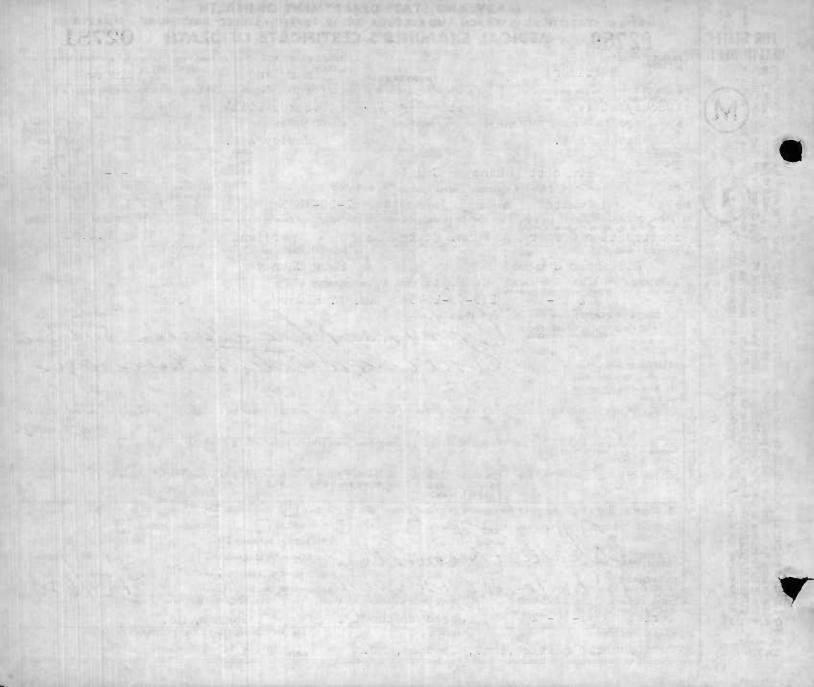
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MARYLAND STATE DEPARTMENT OF HEALTH

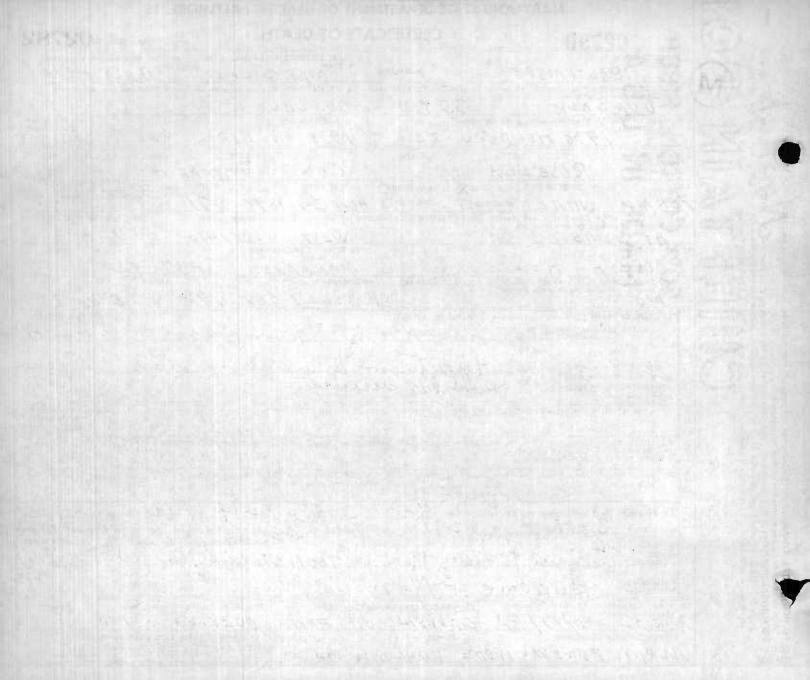
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02781 02789 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1.	PLACE OF DEATH e. COUNTY Baltimore	2. USUAL RESIDENCE (Whare deceased lived, If Institution; Rasidence bafora admission) e. STATE Maryland b. COUNTY Baltimore				
-	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b					
	write RURAL and give nearest town) Cockeysville XXXX 10 yrs	c. CITY OR TOWN (If outside corporeta limits, write RURAL end give nearest town) Cockeysville				
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give straat addrass)	d. STREET ADDRESS e. IS RESIDENCE				
	Bosley Ave.	Bosley Ave.				
3.	NAME OF First Middla DECEASED	Last 4. DATE Month Day Yeer OF				
	(Type or print) Prescott Chaney Cougle	DEATH 3-7- 19 62				
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8.	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.				
n	nale white widowed Divorced	12-20-1885 Test birthday) Months Days Hours Min.				
	B. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY				
00	one during most of working life, avan if retired) construction worker Penn. State Road	ds Maryland U.S.A.				
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
	Alexander Gougle	Mary Chaney				
15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT Address				
(Ye	yes WWL 18-19 219-03-2645A Wi	m. L. Howard above				
=	18. CAUSE OF DEATH [Enter only one cause pay in the (a), (b), end (c),)	INTERVAL BETWEEN				
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH				
	IMMEDIATE CAUSE (e) 100 AMAZY 100 SION SUOTES					
	DUE TO OF	110-1				
	Conditions, if eny, which) (b) Allelale	Id (Pilingher i 104)				
	gava risa to immadieta causa	gie authorities to get				
	(e), stating the undarlying DUE TO					
	causa lest. (c)					
NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?				
K		YES NO Z				
CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	nter neture of injury in Pert I or Pert II of item 18.)				
Y.	20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED 20a. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)				
MEDICAL	nour e.m.	ory, straet, offica bldg., atc.)				
>	p.m. 19 et work et work 21. I certify that I took charge of the remains described above, help	Id an Autopsy , Inspection , Inquiry , and in my opinion				
19	death resulted from: Natural causes Accident . Suici					
	Alla Da Tonat D	CHIEF MEDICAL EXAMINER				
	SIGNATURE Charles To hounel	M.D. ASSISTANT MEDICAL EXAMINER TO DATE STONED				
	EXAMINER'S Charles F. O'Dorvell Address (Street, city, town, or county)					
220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, town, or country) (State)				
	Burial 3-10-62 Jessop Method	dist Sparks, Md.				
23	FUNERAL DIRECTOR ADDRESS	24e. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE				
B	rooks Funeral Serfice, Inc., Towson4, Md	· DATEMAR 1 2 '62 Cinima S. Krous				
-		1 MILES				



7	1	02790 CERTIFIC	CATE OF DEATH Reg. Dist. ND 2782
death. Page 4 funeral directar, old be filed with	M	1. PLACE OF DEATH o. COUNTY BALTIMORE MARYLANI b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) DUNDALK 35 7RS	101/10101/10
rs after by the	X	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 938 HOLBORN RD	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO
filled in b		3. NAME OF DECEASED ROSELLA Middle (Type or print) ROSELLA	COX 4. DATE OF DEATH MARCIT 1967
mpletely		S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR IN	AUG 74-1890 Tyrs. Months Doys Hours Min.
and carbon par		during most of working life, even if retired) AT HOME 13. FATHER'S NAME	WEST VIRGINIA USA
ficate by ysician ave car		JOSEPH HEIL 15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	MARGARET SAURERS.
oth certi	7/ 4	(Yes, no, or unknown) (If yes, give wor or dates of service)	TIARLES V. COX 1938 HOLBORN RD
the atter Then ple	3	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	my Thrombosis - ONSET AND DEATH
equires that one signed by the sit permit.			iseare selevas Cardis 3 years
physicic nos been rial-trans		CATIC	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO
tending ificate but the but	,	OR CONTRIBUTING CAUSE OF DEATH	RRED. (Enter noture of injury in Port I or Port II of item 18.)
PHYSIC to at this cert the use as	e de	20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19 Of work of work 19 of work	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.)
NDING te haspi S: After oched fo	טרומו, מ	21. I certify that I attended the deceased fram. 9-3 alive on 3-13, 19 6-2, and that dec	
RECTOR be dete		ACTUAL SIGNATURE CUMPER F Men M. D	M.D. 7001 Mornington R. Dundulh
e retërin ERAL D	listror p	PHYSICIAN'S Augene Alex	y m.
o HOSE moy be o FUNE page 3	and	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETER 3/17/67 C-ARDEIN	OF FAITH OVERLEA MD
VS A1S (4) 1SM 9/SB	of	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ULL RICHT FUNERAL HOME DUND	BLK MD DATE MAR 1 6 '62 Cuthur S. Known

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



death. Page 4 may be retained by the hospital or attending physician.

TO HOS. IAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. vithin 24 hours after

VR A15 (4) 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02783

	1. PLACE OF DEATH 1. a. COUNTY			De la División de la Companya del Companya del Companya de la Comp	titution: Residence before edmission)
J	Baltimore	MARYLAND	o. STATE Maryland	L. COOKIT	Howard
		OF STAY IN 16		f outside corporate limits, write R	URAL and give nearest town)
	Fort Howard 96 I	ays	Ellicott	City	13x.2
01	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give stre	at address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	The trans Administration Wornits	7	Wharfs I	ene	YES NO K
	Veterans Administration Hospits 3. NAME OF MI	ddle	Last	4. DATE Month	Day Yeer
	DECEASED		NAT TO	or DEATH March	1 10 62
	AMUNEW 1.		YLE		- 17
* 1	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER A	AARRIED B.	DATE OF BIRTH	9. AGE (In yeers IF	Aonths Deys Hours Min.
	Male White WIDOWED DI	VORCED T	February 15,1		Tours Min.
1	10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSIN	ESS OR INDUSTRY	Y 11. BIRTHPLACE (Count	y & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Л	Physician Medical I	loot on	Powt Porrel	Pennsylvania	U. S. A.
	Physician Medical I	OG COT.	14. MOTHER'S MAIDEN		0. B. II.
	13. TATILE S NAME				
	David Coyle		Matilda Lo		
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECU (Yes, no, or unkown) (Ifyes give war or detes of service)	RITY NO. 1771	NFORMANT Record	Is. VAH. Baltino:	re 18, Maryland
9			rt Howard Div		
H	Yes SAW 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b)		LO HOMETA DIA	1101011	I INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: CEREBRAL TE	TROMBOSTS	S. LEFT		3 DAYS DEATH
	IMMEDIATE CAUSE (e)	DIOI DODI	·,		
	333 X DUE TO		D CONTRACT AT	OCH TOTAL COMMON	UNKNOWN
U	Conditions, if eny, which) (b) ARTERIOSCL	IROSIS O	F CEREBRAL AI	KLINTES	OMMOWN
	geve rise to immediate cause DUE TO				
1	(e), stering the underrying				
П	(0)	DEATH BUT NO	T RELATED TO THE TERMIN	NAL BISEASE CONDITION GIVEN	LIN PAPT IN 19. WAS AUTOPSY
	2 1. Arteriosclerotic Heart Diseas	se. 2. Chr	onic Brain S	yndrome with te	eralizades No X
	Arteriosclerotic Heart Disea: 1.Arteriosclerotic Heart Disea: 2. Arteriosclerosis, 3. Pyelonephri 2. Arteriosclerosis (1. Pyelonephri) 2. Arteriosclerosis (1. Pyelonephri) 2. Arteriosclerosis (1. Pyelonephri) 2. Disea: 2. Disea: 2. Arteriosclerosis (1. Pyelonephri) 2. Disea: 2. Disea:	cis & Cy	stitis.Arter	iosclerosis, Gen	eralizeds No M
Ш	E 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW II	IJURY OCCURED.	(Enter neture of injury in F	Part I or Pert II of Item 18.)	
	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCU		CE OF INJURY (Home, farm		(County) (State)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCU		ory, street, office bldg., etc.		
			November 25	.61 March 1	, 19, that (M (we) last
	21. I certify that (K (this hospital) attended the de	ceased from	fil	1940., to Mai Cii	, 19, that (M) (we) last
	saw the deceased alive on March 1 196	, and that	death occured at.A.	M, from the causes as	nd on the date stated above.
	22e. SIGNATURE		ATTENDING A	AED. STAFF	22b. DATE
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	м.	nine D	PHYS.	3/1/6
	22c. PHYSICIAN Chief,		22d. ADDRESS		
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		OF CEMETERY		23d. LOCATION (City, town	
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1	24 FUNERAL DIRECTOR'S SIGNATURE ADDR				William S. Kraus
10	Frank C. Higinbothom, Ellicott	City, Md	DATE		D. Thank

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1			MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	DVIAND
P°			CERTIFICATE OF DEATH	2784
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ithin filled Pages urs aft	7	5	nring Grove State flos hital 1410 Entar Glace	e. IS RESIDENCE ON A FARM? YES NO
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tuires that ysician. ed by the permit.			18. CAUSE OF DEATH (Enter only one ceuse per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Acute cardiac decompensation	INTERVAL BETWEEN ONSET AND DEATH
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I: The or attended has be burial, cr			(e), steting the underlying course lest. Course lest. Course lest. Course lest. Course ralized ar teriosclerosis	WAS AUTONO
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ATTEI be reta CCTOR uld be te Dept			21. I certify that X (this hospital) attended the deceased from	e date stated above
L OR 4 may L DIRE s 3 shorthe Sta			Stella Wachsler M.D. ATTENDING MED. STAFF 3-19	
O HOSP. AL death. Page 4 IO FUNERAL director, page be filed with th	1		22c. PHYSICIAN'S NAME (Type) Stella Wachsler, M. D. 22d. ADDRESS SPRING GROVE STATE Catonsville 28k Mary	
TO HOSP. AL death. Page 4 TO FUNERAL director, page be filed with the	0	23a	REMOVAL) (Specify) 3-29.62 (23c. NAME OF CEMETERY OF CREMITORY) (City, town or county)	md (Stete)
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MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02794 CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before edmission) a. COUNTY b. COUNTY Maryland by the and 2 death. Raltimore MARYLAND b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give naarest town) Baltimore .22. Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Broadview Apartments Mercy Villa Institution YES NO completely 3. NAME OF Middle DATE Month Day DECEASED OF DEATH (Type or print) Susannah H. Deitrich 19 62 March and col 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In yeers | IF UNDER 1 YEAR B. DATE OF BIRTH IF UNDER 24 HRS. 5. SEX 89 vrs Months Days Min. Nov. 22, 1872 Female White WIDOWED X DIVORCED | 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) USA Housewife Maryland
14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME attending Then please Susanna Helen Perry William L. Wilcoy 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address removal, (Yes, no, or unkown) | (If yes give we rordates of service) Mrs. H.T. Eggers-5311 St. Albans Way No 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) has been signe to burial-transit hent dise and DUE TO Conditions, if eny, which gava risa to immediate causa DUE TO (a), stating the undarlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 1B.) 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm. 20f. (City or lown) (County) (State) fectory, street, office bldg., etc.) Not While While Hour a.m. at work et work DIRECTOR: hack 221962, that (1) (we) last19.6.2 and that death occurred at 7.30 AM from the causes and on the date stated above. saw the deceased alive on ... Man 22a. SIGNATURE SIGNED DIRECTOR HOSPINAL AL M.D. 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d. LOCATION (City, town or county) NAME OF CEMETERY OR CREMATORY (Stete) 23a. BURIAL, CREMATION. REMOVAL (Specify) St. John's Hungington Cem. Raltimore. Maryland OH Buria ö 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

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law requires that the death certificate

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MARYLAND STATE DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceesed lived, If institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY Baltimore Baltimore MARYLAND land c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) by the b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b dea write RURAL and give nearest town) Years Dundalk 5 hours after Dundalk filled in d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? YES NO Y Inverness Avenue nverness papers. n 72 hol completely 3. NAME OF Middle DATE DECEASED OF 1962 March 19 DEATH (Type or print) Lorraine H. Bennis within and cor 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 5. SEX last birthdey) Months Hours Min. August Fema.le WIDOWED [DIVORCED 1 12. CITIZEN OF WHAT COUNTRY? physician 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Western Elec Maryland U.S.A. Bench Hand 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Then please law requires that the death George Josephine Baranowski Address 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) | (If yes give war or dates of service) removal Earl Dennis the INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per lipe for (e), (b), and (c). attending physician. ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 1. Rai IMMEDIATE CAUSE (e) been signed burial-transit DUE TO which geve rise to immediate cause DUE TO (a), steting the underlying ceuse lest. (c) the hospital or PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter netura of injury in Part I or Pert II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached 20e. PLACE OF INJURY (Home, ferm, (County) (Steta) 20d. INJURY OCCURRED 20f. (City or town) 20c. TIME OF INJURY Month, Day, Yeer factory, street, office bldg., etc.) While Not While Hour a.m. et work et work p.m. DIRECTOR: M, from the causes and on the date stated above. and that death occured atd, saw the deceased alive on.... 22b. DATE 22e. SIGNATURE SIGNED ATTENDING K DIRECTOR PHYS. PHYS. M.D eath. Page 4 22d. ADDRESS 22c. PHYSICIAN'S Mornington Road Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) P E E Baltimore, Maryland Lawn Cemetery Buria 25e, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Avenue MAR 2 3 '62 15M 9/60 DATE arthur & Kraca Md Dundal

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301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before edmission) a. COUNTY b. COUNTY ALTIMORE MARYLAND b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 1b OWN (If outside corporete limits, write RURAL and give neerest town) write RURAL and give neerest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? YES NO NAME OF DECEASED OF (Type or print) \$ DEATH 19 6. COLOR OR RACE 7. MARRIED 5. SEX DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months WIDOWED 12. CITIZEN OF WHAT COUNTRY dona during most of working life, even if retired) None 13. FATHER'S NAME 16. SOCIAL SECURITY NO (Yes, no, or unkown) | (Ifyas give wer or detes of service) NO 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: totichol meumomia IMMEDIATE CAUSE (e) DUE TO defect a severe mental deficience Conditions, if any, which geve risa to Immediate cause DUE TO (a), stating the underlying Muneclemie PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part of Pert II of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm,) 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc.) Not While Hour a.m. et work et work 3-13-, 1967 that (1) (we) last 21. | certify that W (this hospital) attended the deceased from 11 - 26 19-5.6 to 22e. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. M.D. FUNERAL rector, page 22d. ADDRESS 22c. PHYSICIAN'S elvaining School 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. D dip d 25e. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60

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CERTIFICATE completely filled in by the funeral on papers. Pages 1 and 2 should vithin 24 hours after 1. PLACE OF DEATH 90 The law requires that the death certificate be execu aftending physician and MEDIC While Hour a.m. at work 19 21. I certify that (I) (this hospital) director, page 3 should be filed with the State saw the deceased 22e. SIGNATURE 22c. PHYSICIAN NAME (Type 23s. BURIAL, CREMATION, 23b. DATE THEREOF Entombment 3/29/62 VR A15 (4) 1SM 7/61

RYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence Defeat admission)

	a. COUNTY		e. STATE			. COUNTY		
	Baltimore	MARYLAND		Md.			Balto	
ľ	b. CITY OR TOWN (if outside corporata limits, write RURAL end give nearest town) Baltimore	c. LENGTH OF STAY IN 1b	Balti		de corporate lin			earest town)
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp	pital, give street address)	d. STREET ADD					e. IS RESIDENCE
	The Augsburg Home		1604 Har	lem L	ane			YES NO
3.	NAME OF First	Middle	Last		ATE	Month	Dey	Yeer
		C. Dill			EATH N	larch	26, 19	62 19
	SEX 6. COLOR OR RACE 7. MARRIER White WIDOWER		DATE OF BIRTH	1001		rthday) Mo	INDER 1 YEAR	IF UNDER 24 HRS. Hours Min.
	- Ciliate	ND OF BUSINESS OR INDUSTR	Jan. 17,		tota au tavaiga	yrs.	12 CITIZEN OF	WHAT COUNTRY?
do	and during most of working life, even if retired)	NO OF BOSINESS OK INDUSTR						
	At Home				Mar yla:	nd	U.S.A	•
13.	FATHER'S NAME		14. MOTHER'S MA	AIDEN NAME				
	George A. Dill		5	Schnap	pinger			
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16.		NFORMANT			Address		
,,,		Ione Ma:	rgaret B.	Park	er = 36	23 La	thamRo	d.
	18. CAUSE OF DEATH [Enter only one cause per li	ne for (e), (b), and (c).)	,					ERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	Coroner 7	hrombon	is:			ON	SET, AND DEATH
	4) O OPUE TO			1 1	-			12 1001
	Conditions, if eny, which) (b) () 1.	0 to 1 10	Perotio A	en to	Man sec-	1		6-400
	gave rise to immediate cause	arang su	none 1		o ma	-		o you
	(a), stating the underlying DUE TO							
	cause last. (c)							
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	T RELATED TO THE	TERMINAL DI	SEASE CONDIT	ION GIVEN I		P. WAS AUTOPSY PERFORMED? TES NO (1)
CERTIFIC	206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURED	. (Enter neture of inju	ury In Part f	or Pert II of item	18.)		
¥	20c. TIME OF INJURY Month, Day, Year 20d. I	NJURY OCCURRED 20e. PLA	CE OF INJURY (Hom	e. ferm. 1 20	f. (City or town	n)	(County)	(Stete)

factory, streat, office bldg., etc.) Not While at work

12 that (I) (we) Jast attended the deceased from..... 19....., and that death occured a from the causes and on the date stated above,

ATTENDING PHYS. DIRECTOR M.D. 22d. ADDRESS

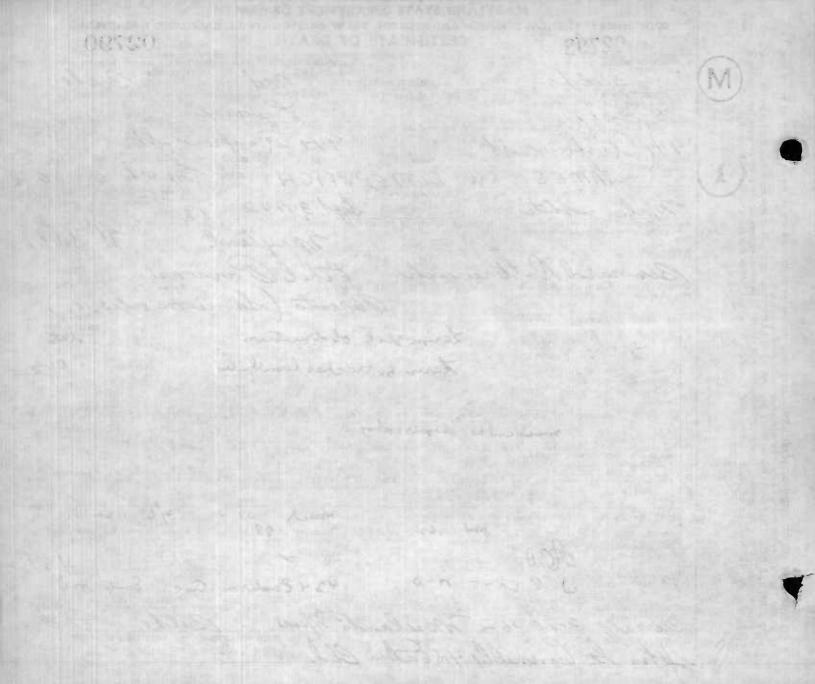
> 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) Lorraine Mausoleum

Baltimore, Maryland

(Stete)

ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Armacost 4600 Liberty Hghts, Ave.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 02799Reg. Dis 12791 1. PLACE OF DEATH 2. USUAL RESIDENCE-(Where decessed lived. If institution: Residence before admission) filed a. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 pe c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) shauld un d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS . IS RESIDENCE ON A FARM 26 YES NO NAME OF DECEASED DATE 4. Month Day Year ANK (Type or print) DEATH 9. AGE (In years last bigthday) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) SHUAYEN 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN Address CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH CONGESTIVEHEAR PART I. DEATH WAS CAUSED BY: ON IMMEDIATE CAUSE (a) DUE TO RTERIOSCLEROTIS HEARTDISEASE Canditions, if ony, which gave rise to immediate DUE TO couse (o), stoting the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY PERFORMED? ROME ONIC YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) While of work at wark 21. I certify that attended the deceased from THINE 17, 1960, to MARCH 2, 1962, that / last saw the deceased and that death accurred at 5:20 PM, from the causes and on the date stated above. ACTUAL IMORE 28, MA PHYSICIAN'S NAME (Type) (7) 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) page REMOVAL (Specify) 0 ADDRESS 24b. REGISTRAR'S SIGNATURE DIMERAL DIRECTOR'S ALGNATURE 240. REC'D BY REGISTRAR VS A15 (4) 15M 9/55 IS NOW APATIE NT

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	Street of Street or Street

12		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAI	RYLAND
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should		PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Factority in the country as STATE b. COUNTY	esidence before admission)
and 2 death.	_	D. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write QURAL and	give neerest town)
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urs a		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 121 Back River Neck ad. 121 Back River Neck ad.	ON A FARM? YES NO FT
2 b	3.	NAME OF First Middle Lest 4. DATE Month DECEASED OF OF	Dey Yeer
ri d		(Type or print) HARY KHODES DUNLAR SR, DEATH MARCH	1962 YEAR IF UNDER 24 HRS.
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		18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Cerebral I brombosis	1 mo.
		Conditions, if eny, which (b) arterio-selerative Cardio-Vascular	
		geve rise to immediate cause (a), stating the underlying DUE TO	15 sera
0	NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?
	ICATIC		YES NO
	CERTIFICATI	20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING EXAMINER)	
	MEDICAL	20c. TIME OF INJURY Month, Dey, Yeer Hour a.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Cou	nty) (Stete)
	ME	p.m. 19 at work at work	63 that (I) (we) last
		21. I certify that (I) (this hospital) attended the deceased from 19.00 to	he date stated above.
		220. SIGNATURE LANGE MED. STAFF PHYS. TO DIRECTOR TO PHYS.	22b. DATE SIGNED
1		22c. PHYSICIAN'S NAME (Type) VOSEPH MICELIM. D. 22d. ADDRESS 1085. TAYLOR AVE, BI	1LTO. 21MD
	22	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (Sity, town or count	
	23	Burial 3-3-62 Mt. Carmel Cemetery Littlestown	, Dav.
	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS DATE HAR 5'62 256. REGISTRAR'S	
	-	form si co mercy 110 barrens (orange)	

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IL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execute within 24 hours after		L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral	e 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2-should	the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death
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M.P.	4 may be retained by the hospital or attending physician.	en si	I-trai	emai
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
02793

1. PLACE OF I a. COUNTY BALTI	PEATH		MARYLAND			ed, If institution: Re COUNTY	esidence before admission)
	OWN (if outside corporate limit	rs.	c. LENGTH OF STAY IN 16	C CITY OR TOWN	If outside corporate limit	write RURAL and	give negrest town)
write RUR	AL end give neerest town)		7 days		TIMORE	, , , , , , , , , , , , , , , , , , , ,	101-16
	HOWARD HOSPITAL OR INSTITUTION (I	f not in bossi	, , ,	d. STREET ADDRESS	TEPOTES		e. IS RESIDENCE
					1 77 76.71		ON A FARM?
	RANS ADMINISTR	ATION			4 W. Mulber		
3. NAME OF DECEASED	First		Middle	Last	4. DATE OF	Month	Day Yeer
(Type or print)	Thi			DURANT	DEATH	March	16 1962
5. SEX	6. COLOR OR RACE	7. MARRIED	K NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In last birth	years IF UNDER 1.	
Male	Negro	WIDOWED		October 26,	1928 33	yrs. Months D	Pays Hours Min.
IOa. USUAL OC	CUPATION (Give kind of work	10b. KIN	ID OF BUSINESS OR INDUST		nty & Stete, or foreign co	untry) 12. CITIZ	ZEN OF WHAT COUNTRY
0 1	t of working life, even if retire	-	mer Resort	Manning	South Carol:	ina	U.S.A.
COOK 13. FATHER'S NA	AME	Sull	mer resort	14. MOTHER'S MAIDEN		Life	0.002
	r Durant sed ever in U.S. Armed for	CESS 11/ C	OCIAL SECURITY NO. 17.		Felder	11.374 77	3 4 - 7
(Yes, no, or unko	wn) (If yes give war or dates of se	ervice)		INFORMANTCLini			
Yes	KOREAN WAR			ltimore, Md.	- Ft. Howa	rd Divisi	
	OF DEATH [Enter only one	cause per lin	e for (e), (b), and (c).)	,			ONSET AND DEATH
PARTI	. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	PNEU	MONTA	5			2 DAYS
5	7 / DUE TO						
Conditions,	if any, which (b)	ARSC	ESS, SUB-PHRE	ENTC			2 TO 3 WEER
gave rise to	immediate cause	ALUC	DOD 9 DOD TIME	# Inda V			
(a), stating cause last.	ine underlying						
	OTHER SIGNIFICANT CONDI	TIONS CONT	RIBUTING TO DEATH BUT N	OT RELAXED TO THE TERMI	NAL DISEASE CONDITIO	N GIVEN IN PART	1(a) 19. WAS AUTOPSY
2			1001110	or needs to the family			PERFORMED?
5					0 11 0 111 111		YES NO
OR CONTRIB	INT WAS UNDERLYING UTING CAUSE OF DEATH HOTIFY MEDICAL EXAMINER	205. DESC	RIBE HOW INJURY OCCURE	D. (Enter neture of injury in	Perf I or Parf II of Ifem 18	5.)	
20c. TIME O		er 20d, IN While et work	Not While fac	ACE OF INJURY (Home, ferr story, street, office bldg., etc		(Coun	oly) (Stete)
21. I cert	ify that (X (this hospit	al) attende	ed the deceased from.	March 9	19.62 to Marc	h 16 , 196	2, that X(I) (we) las
	leceased alive onMar						
22e. SIGNA		0.0					22b. DATE
	N No.		It Steway	ATTENDING PHYS.	MED. STAFF DIRECTOR TY PHYS.	П 3/	17/62 SIGNEE
22c. PHYSIC	IAN'S	an	11 st vacare	22d. ADDRESS	1.201	<u> </u>	11/02
	(Type) DONALD W.	STEWAR	RT, M. D.		TIMORE, MD.	- FT HOW	VARD DIV
	REMATION, 236. DATE THE	REPF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (C	ity, town or county	(Stele)
Burial	(3-20-	50	Baltimore Na	ational	Baltimor	e 28, Md.	- 1 2 2 19
	RECTOR'S SIGNATURE	. 1	ADDRESS		C'D BY REGISTRAR 25		
Elroy 0	. Wilson, 1000	Brant	Tea whe Bar.	to. Md. DATEA	R 1 9 '62	Charleson & 17	Challe

VR A15 (4) 1SM 7/61 China to the proof of the profession of the contract of the co S DO AND L. STRUMENT N. J. T. L. VALLET E. CO. S. . Ant . 30 and in Ind The state of the s

	41,		1		
O DOSTALAL OR ALIENDING PRINCIPAL SINGLE COMMISSION CONTROL OF THE CONTROL OF THE COMMISSION CON		TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral	director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should	be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Ildi IIIda addin selilifali		the attending physician and c	it. Then please remove carbor	emoval, and in any event, with	(
X SICIAN: Ille Idw Induites	death. Page 4 may be retained by the hospital or attending physician.	certificate has been signed by	use as the burial-transit permi	prior to burial, cremation, or re	
AL ON ALLENDING PRI	4 may be retained by the	L DIRECTOR: After this	e 3 should be detached for	the State Dept. of Health	
O DOSEAS	death, Page	TO FUNERA	director, pag	be filed with	

VR A1S (4) 1SM 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 02794 00000

1. PLACE OF DEAT				2. USUAL RESIDE	NCE (Where de		institution: Res	idence before admission
Baltimor	e		MARYLAND	Maryland		b. COUN	ITY	. /
	(if outside corporate limi	ts,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corp	orate limits, write	RURAL and g	ive neerest town)
Fort How	nd give nearest town) B.rd.		9 Days	Baltimore	2		3 Vn1-	4
d. NAME OF HOSE	PITAL OR INSTITUTION (if not in hosp		d. STREET ADDRES	S		707	e. IS RESIDENCE
Veterans	Administrat	tion H	ospital	1309 Hil	lman St:	reet		YES NO
3. NAME OF DECEASED	First		Middle	Last	4. DATE	Month	1	Day Yeer
(Type or print)	JOHN		F.	DYER	DEATH	March		14 1962
5. SEX	6. COLOR OR RACE	7. MARRIEL	NEVER MARRIED	B. DATE OF BIRTH	9.	AGE (In yeers last birthday)		AR IF UNDER 24 HRS
Male	White	WIDOWEL		May 4,1891		70 yrs.	Months De	ys Hours Min.
10a. USUAL OCCUPA	TION (Give kind of work	10b. KI	ND OF BUSINESS OR INDUS		unty & State, or	foreign country)	12. CITIZE	N OF WHAT COUNTRY
	orking life, even if retire - Unemployed		ospital	Pittsburg	. Kentu	ckv	II.	S. A.
13. FATHER'S NAME				14. MOTHER'S MAIDE				N. 11.
Sanford ;	Dver			Unknown				
15. WAS DECEASED E	VER IN U.S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	TTATE	Address	7.0	
Yes	(Hyesgive war or dates of s WW II	ervice)	C H	linical Reco ort Howard D	rus, VAH	, Baltin	ore 18	, Maryland
	DEATH Enter only one	cause per li	ne for (e), (b), and (c).)	OT O HOWATE D	TATSTOIL			INTERVAL BETWEEN
PART I. DEA	TH WAS CAUSED BY	BRON	CHOPNEUMONIA					RECENT
33	DUE TO							
Conditions, if ar	y, which	CERE	BROVASCULAR A	ACCIDENT (CLI	INICAL)			RECENT
gave rise to imme	diate cause XXXXX							
(a), stating the	underlying	ARTE	RIOSCLEROTIC	HEART DISEAS	SE			UNKNOWN
Z PART II. OTH	ER SIGNIFICANT CONDI	TIONS CON	TRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERM	AINAL DISEASE	CONDITION GIV	EN IN PART 1	e) 19. WAS AUTOPSY
Surgica	l Absence,	both 1	egs.					PERFORMED?
E 200. ACCIDENT	WAS UNDERLYING		RIBE HOW INJURY OCCUR	ED. (Enter neture of injury i	n Part I or Pert II	of item 18.)		1 6 0
OR CONTRIBUTION	G CAUSE OF DEATH Y MEDICAL EXAMINER)							
	JURY Month, Dey, Ye	er 2Dd. l		LACE OF INJURY (Home, fa		or town)	(County	(Stete)
20c. TIME OF IN.		While et work	THOI WILLIAM	actory, street, office bldg., e	etc.)			
Piliti				March 5	10 62 1	March	74 160	that Off (wa) Is
21. I certify	that (x) (this nospi	ch 14	ded the deceased from	5	:00	. AWYON STORE	and an the	, mai (a) (we) ia
22e. SIGNATURE	ased alive on Maj			at death occured at:	D/N, Irom	me causes	and on me	22b. DATE
228. 31GIVATOR	11 0-	16.	0 /	ATTENDING PHYS.	MED.	STAFF PHYS.		3/1578
22c. PHYSISIAN	Somas	1 Can	lean	M.D. PHYS. 22d, ADDRESS	DIRECTOR _] Pr		
THOMAS	e)	(D)			то 18 м	ייים דיים	תת תפאז	TCTOM
	TION, 236. DATE THE		23c. NAME OF CEMETER			ATION (City, to		(Stoto)
REMOVAL ISpecif Burial	3-19-62			National Cem.		timore 2	- 0	vland
24 FUNERAL DIRECTO	1 -1-0	5	ADDRESS		EC'D BY REGIST	-		
		6000	Harford Rd.,			260		
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) 1. PLACE OF DEATH a. COUNTY b. COUNTY e. STATE Anne Arundel Marvland Baltimore 17 P MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give neerest town) 8mthldv Annapolis, Maryland Catonsville - 2 Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat eddress) d. STREET ADDRESS IS RESIDENCE hours ON A FARM? 1105 Brashears Street STATE HOSTITAL YES NO TO First 3. NAME OF Middle 4. DATE Month Day DECEASED Echterhoff March (Type or print) DEATH Louise 5. SEX 6. COLOR OR RACE | 7. MARRIED X NEVER MARRIED AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthday) Months Deys Hours June. 1879 female WIDOWED T DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) housewife Germany U. S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME death please August Gerhardt Louisa (Unknown) 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO | 17 INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detes of service) oval Records: unknown 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH Pneumonix. PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (e) Conditions, if any, w. ch gave rise to immadieta cause DUE TO (a), steting the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(B) | 19. WAS AUTOPSY TION PERFORMED? NO 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18.) 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 1 (County) (Stete) 20c. TIME OF INJURY Month, Day, Year 2Df. (City or town) factory, street, office bldg., atc.) While Not While Hour a.m. at work at work p.m. CIOR: 21. I certify that 30 (this hospital) attended the deceased from June 27. ne deceased from June 27 1961, to 1962, to 1962, that (I) (we) last 1962 and that death occurred at M, from the causes and on the date stated above. saw the deceased alive on.....3 22b. DATE 22a. SIGNATURE SIGNED ATTENDING DIRECTOR PHYS. M.D. FUNERAL 22d. ADDRESS SPRING 22c. PHYSICIAN'S GROVE Catonsville 28. Maryland 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23d. LOCATION (City, town or county) (Stete) REMOVAL-(Specify) 是是 OI 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 6 arthur S. Thouse 15M 9/60

4. b 1. 1 Continue color a stay was MAN TO STATE OF THE STATE OF TH ISWAEL WAR MARYLAND STATE DEPARTMENT OF HEALTH

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Page 4 death. Page 4 O FUNERAL

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S 1. PLACE OF DEATH any delay is necessary, the funeral director. Page wined for your files. 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) e. COUNTY b. COUNTY Baltimore Baltimore Marvland MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) write RURAL and give nearest town) Edgemere vears Edgemere d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS retained ne State B Box North Point Road Box 376 North Point NAME OF Middle 4. DATE Month DECEASED OF (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH AGE (In years I IF UNDER 1 YEAR 2 wit last birthday) Months male WIDOWED DIVORCED YES. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY I 11. BIRTHPLACE (State or foreign country) done during most of working life, even if retired) Steel Mixer Marvland pages 1 within be executed within 24 hor encil in Item 18. Give Page e along with form PM3. P Urransit permit, File pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elias Erb Alma Cook 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address permit. (Yes, no, or unknwn) | (Ifyas give war or dates of servica) Mildred W.Erb same as 18. CAUSE OF DEATH [Enter only one cause par line for (e), (b), and (c). PART I. DEATH WAS CAUSED BY " in pencil i Office alor IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) 'pending" i caminer's O used as a bi gave rise to immediate cause DUE TO (e), steting the undarlying Examiner' nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)) 19. WAS AUTOPSY CERTIFICATION 9 0 6 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. EXAMINER: pur 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) fectory, street, office bldg., etc.) While Not While MEDI Hour a.m. et work et work AL DIRECTOR: F 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection Inquiry death resulted from Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER execute the designated ACTUAL should be for ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER DEPUT EXAMINER'S NAME (Type) Addrass (Street, city, town, or county) 22a, BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) 940 g 0 Burial Creek Cemeterv Union 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME arthur S. Thrus Brooks Bradley, Inc., Dundalk 22, Md DATE MAR 27'62 5M 9/60

ARYLAND STATE DEPARTMENT OF HEALTH

R.F.D.10

USA

. IS RESIDENCE ON A FARM?

YES NO X

196

IF UNDER 24 HRS.

Hours

ONSET AND DEATH

PERFORMED?

YES

(County)

NO 4

(State)

and in my opinion

DATE SIGNED

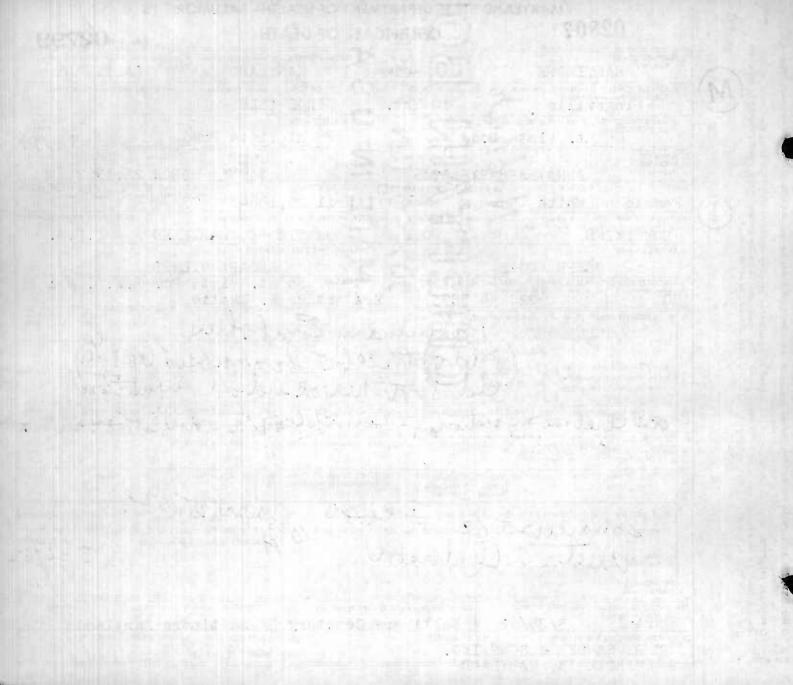
(State)

12. CITIZEN OF WHAT COUNTRY?

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1		MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE		02806 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT		PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission)
Page Sary	1-	Baltimore County Maryland 6. COUNTY Maryland
s neces	/	b. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town)
lay is nece al director. for your f Board of H	-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS d. STREET ADDRESS j. IS RESIDENCE d. STREET ADDRESS
y dela ined frate Brate.		Balto. Co. Beltway 150' W. of Joppa Rd. 5600 Stonington Avenue
f any he fu retair e Sta deat		DECEASED OF OF
th. If the state of the state o		FEGGY DOLORES EVANS DEATH March 22, 19 62 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR)
for dead 5 may d 2 will hours		Female White WIDOWED DIVORCED Aug. 10, 1943 lest birthdey Months Deys Hours Min.
1, 2, 1, 2, and and 72 ho		Os. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
A hours al Pages 1, M3. Page pages 1 an within 72	1	Baltimore, Maryland U.S.A.
A Po S		William J. Evans Mildred Rd.
within form Form Fit. File		5. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address fes, no, or unknown) (Ifyes give were or deletes af service)
ted will em 18. with fo bermit.	=	William J. Evans 5600 Stonington Avenue
in It ong ong hisit d		18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: ONSET AND DEATH
be election of the election of		IMMEDIATE CAUSE (e) Mechanical Asphyxia
Offin Pould		Conditions, if eny, which (b)
ate shading's ner's as a		(e), stelling the underlying DUE TO
0 5 5 0	2/3	cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS)
This certifi word "pe dical Exan uld be use cremation.	2	PERFORMED? YES X NO •
the v the v Medi shoul	120715	20e. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.)
E S S S S S S S S S S S S S S S S S S S	3	
K > O C	MEDI	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED State Not While Not While of work of
IL EX flicate, to th TOR: , prior		21. I certify that I took charge of the remains described above, held an Autopsy X, Inspection , Inquiry , and in my opinion
cert cert ardec REC		death resulted from: Natural causes , Accident X, Suicide , Homicide , Undetermined manner
MEDI te the c forwar L DIRI		ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER DATE SIGNED
P Secure	2	EXAMINER'S DEPUTY MEDICAL EXAMINER [
DEPU lease ex should FUNE r its desi	2	NAME (Type) HOWARD G. SHAUB, M. D. Address (Street, city, town, or county) March 23, 1 28. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State)
0 9 4 0 p		Burial 3/27/62 Woodlawn Cemetery Baltimore, Maryland
VS. AISME	1	3. FUNERAL DIRECTOR ADDRESS 246. REGISTRAR 246. REGISTRAR'S SIGNATURE
5M 9/60	E	llsworth Arma cost -4600 Liberty Hghts. A e. DATE MAR 27'62 Chillun S. Minus

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02800 02202

	1 N C C C C				
1. PLACE OF DEAT	H		CTATE	L COUNT	nstitution: Residence before admission
BALTIMOR	E	MARYLAND		YLAND B. COON	
	(if outside corporete limits, and give nearest town)	c. LENGTH OF STAY IN 1b	the same of the same of the same of	(If outside corporate limits, write	RURAL and give nearest town)
FORT HOW	a new settle	55 Days	BALTIM	ORE 30	3 va1.4
d. NAME OF HOSE	TITAL OR INSTITUTION [if not	in hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE
VETERANS	ADMINISTRATIO	N HOSPITAL	1450 Rive	erside Avenue	YES NO X
3. NAME OF DECEASED	First	Middle	Last	4. DATE Month	Day Year
(Type or print)	JAMES	H FI	ETCHER	DEATH MARCH	16 19 62
5. SEX .		ARRIED X NEVER MARRIED B	. DATE OF BIRTH	9. AGE (In years	
MATE			pril 10, 19	13 48 birthday)	Months Days Hours Min.
MALE 10a. USUAL OCCUPA	CAR White springs	106, KIND OF BUSINESS OR INDUSTR	-	unty & State, or foreign country)	12. CITIZEN OF WHAT COUNTR
done during most of v	vorking life, even if retired)	Shipyard	Princeton	, W. Virginia	U. S. A.
Maintena:	nce	Diffpyara	14. MOTHER'S MAIDE		
			Rosie Bo		
Charlie					
	VER IN U.S. ARMED FORCES? (If yes give war or dates of service	16. SOCIAL SECURITY NO. CL	nical Recor	ds, VAH Baltoral	8, Md.
Yes	MM TT .	236-10-2325		Fort Howard Div	
		e per line for (e), (b), and (c).]			ONSET AND DEATH
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ADENOCARCINOMA OF	CECUM WITH	METASTASIS	Unknown
153	DUE TO				
Conditions, if a	ny, which (b)				
gave rise to imme	diate cause				
(a), stating the					
cause last.	(c)	S CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM	UNAL DISEASE CONDITION GIVE	EN IN PART 1(a) 19. WAS AUTOPS
PART II. OTH OLD II. OTH OLD II. OTH OLD II. OTH OLD II. OTH OF CONTRIBUTION OF CONTRIBUTION OF EITHER, NOTIF					PERFORMEDI
3		BRONCHOPNEUMONIA,		D D	YES NO K
OR CONTRIBUTION	WAS UNDERLYING [] 201	DESCRIBE HOW INJURY OCCURED	. (Enter neture of injury i	n Part I or Part II of Item IB.)	
	Y MEDICAL EXAMINER)				
20c. TIME OF IN Hour a.m		t	CE OF INJURY (Home, fa		(County) (State)
Hour a.m	40	While Not While at work et work	ory, shoot, orned brogs,	1	
		attended the deceased froms	Tanuary 20	1962 to March 16	1, 1,62, that 1 (we) la
21. I certify	ased alive on March	16 19 62, and that	dooth occured at	25M from the causes	and on the date stated above
	A	199 and mai	death occured ak	PM Hom the causes of	and on the date stated above
22a. SIGNATURI	200000		ATTENDING	MED. STAFF DIRECTOR PHYS.	SIGN
DIVEL N	(Class)	N	22d, ADDRESS	DIRECTOR TITLES.	
22c. PHYSICIAN NAME (Typ		DES M.D.		o. 18 Md. Ft Ho	ward Division
	JOSE L. VAL				
23a. BURIAL, CREMA	TION, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, tow	(State)

been signed by the attending physician and completely filled in by the law requires that the death certificate be death. Page 4 may be reteine
TO FUNERAL DIRECTOR: A
director, page 3 should be det
be filed with the State Dept. o VR A15 (4) 15M 7/61

ithin 24 hours efter

REMODAL (Specify)

24 FUNERAL DIRECTOR'S SIGNATURE

McCULLY FUNERAL HOME

130 E. Fôrt Avenue Baltimore 30, Maryland

Rest Haven Cemetery

25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE MAR 1 9 '62

Princeton, West Virginia

133 150 22 The part of the pa · DESCRIPTION OF THE PROPERTY ALLE LAND STATES AND A LEGISLATION OF THE RESERVE AND A LEGISLATIO And the control of th death.

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MARYLAND	STATE D	EPARTMENT	OF HEALTH-	-BALTIMORE, 1	8
Ttow	7 F43 m	(277 1./2	E/60 mh		

MAKTLAND	n 7 Film G311	LIVE 1/25/62 mb	I-RALIIM	ORE, 18		
02809	CERTIFICA	ATE OF DEATH	1	Reg.	Dist.02801	
1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (WI o. STATE Maryland		b. COUNTY imc		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	utside corporate li	mits, write RURAL on	d give nearest town)	
Halethorpe	Lifetime	X Halethor	pe, Ma.			
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?	
1303 Linden Ave.		1303 Li	nden Av	re.	YES NO M	
3. NAME OF First	Middle	Lost	4. DATE	Month	Day Yeor	
(Type or print) Helen		Forrest	DEATH	March	10 1962.	
					ER I YEAR IF UNDER 24 HRS.	
Female White widow	ED DIVORCED	April 21-	1875 8	36 yrs. Months	Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign country) 12. (CITIZEN OF WHAT COUNTR	
Housewife.		Maryla			J.S.A.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN N				
Patrick Coyle		Mary Ha	yes			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. II	NFORMANT		Address		
(Yes, no, or unknown) (If yes, give wor or dates of service)	M:	rs. Maude H	enn 13	303 Linde	en Ave.	
18. CAUSE OF DEATH [Enter only one couse per li	ine for (o), (b), and (c).]				INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if ony, which	bart Fr	reline			7 Sung	

PART I. DEATH WAS CAUSED BY:		ONSET AND DEATH
Conditions, if ony, which	a Neart Farline	2 day
gove rise to immediate couse (a), stating the under-lying couse last.	a artworder the heart dreeme	10 gla
PART II. OTHER SIGNIFICANT CON	IDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1 (o) 19. WAS AUTOPS PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)	

OR CONTRIBUTING LI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form. 20f. (City or town)

foctory, street, office bldg., etc.) Hour o. m. While Not while of work

p. m. 21. I certify that I attended the deceased fram.

1962, that I last saw the deceased and that death occurred at 1/1M, from the causes and an the date stated above.

PHYSICIAN'S NAME (Type)

220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)

REMOVAL (Specify)
Burial Meadowridge Cemetery Mar.13-62

Baltimore, Ma. 24a. REC'D BY REGISTRAR

DATE

24b. REGISTRAR'S SIGNATURE Cur hur S. France

(County)

(Stote)

(Stote)

23. FUNERAL DIRECTOR'S SIGNATURE Kenny

ADDRESS Carville 5646

VS A1S (4) Gertrude 1SM 10/57

CERT

MEDICAL

12 1		MAKTLAND STATE DEPAKTMENT OF HEALTH	
-8	/	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH	
5 3º	1	72810	
# 5 N	1	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, If institution: Residence bafore adm a. COUNTY b. COUNTY b. COUNTY	nission)
ية قرح	V1)	ISALTIMORE MARYLAND MD. Baltinore	
dead dead		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)	
in b s 1 s	./	ELLICOTT CITY. 2 MB, X ELLICOTT CITY.	
lled safe safe	X	d. NAME OF HOSPITAL OR INSTITUTION (Innol in hospital, give street address) d. STREET ADDRESS o. IS RESI ON A I	
S. P.		302 COLUMBIA RD, 302 COLUMBIA RD, YES IN	10/1
mplete paper n 72 h		3. NAME OF First Middle Last 4. DATE Month Day Year DECEASED OF	
ymp pa		(Type or print) FLORENCE FRANCE DEATH MAR, 4, 196	2
o d cc		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 FEAR IF UNDER 2	
an car		T' WIDOWED DIVORCED SEPTILO, 1849 62 yrs.	Min.
icat cian cian		10a. USUAL OCCUPATION (Give kind of work done during post of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or toraign country) 12. CITIZEN OF WHAT CO	UNTRY?
certific physici any e		H.W. O.H. MD. U.S.A.	
- % - 4	-	13. FATHER'S NAME	
ending in pleas	1)	ELMER CLARK FANNIE L.	
tten ien		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yas, no, or ankown) (Ifyasgiva war or dates of sarvica)	
at the and The Tri		(Yas, no. or ankown) (If yas give war or dates of sarvica) NONE MR. HARRY FRANCK, 302 Columbia	R
s th an. y th mit.		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	EEN
d b ber or		PART I. DEATH WAS CAUSED BY: DUE TO Conditions, if any, which (b) DUE TO Conditions, if any, which (c) Conditions, if any, which (b) DUE TO Conditions, if any, which (c) Conditions, if any, which (b)	62
ph) ph) igne ion,		DUETO 11. T O 1 11 1 1 1 2	
aw ing ing sma		Conditions, if any, which (b) Apple Cardro Varaller Renal Dries 30	w
he lend bee bee		gave risa to immediate cause (a), stating the underlying DUE TO	
Traff has be bu		causa last. (c)	
AN al or	1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUT	
Spite spite of the part of the	0		0
r us pric		20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
the		(IF EITHER, NOTIFY MEDICAL EXAMINER)	
by by Che		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (St. Hour, a.m., 20f. (City or town) (County) (City or town) (C	tate)
ned Peta of		20c. TIME OF INJURY Month, Day, Year Hour a.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (City or town) (County) (SI the property of the pro	
OR Sept.		21. certify that (I) (the hopital) attended the deceased from 5/10 1958 to 3/4 1967 that (I) (w	e) last
CICE		saw the deceased alive on	above.
ay ay IRE		22a. SIGNATURE /	
DE DE SE		M.D. ATTENDING MED. STAFF DIRECTOR PHYS. D	SIGNED
TA SAI SAI	,	27c. PHYSICIAN'S 22d. ADDRESS	1-6
NE PA		NASSEAL G. LAUKAITIS MP EJ9WAShington Blud-BAltimere30	1/2
E ST		23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, fown or county) (State	e)
ဝခ်ီဝွခ်ီနိ		BURIAL 3/9/62 WESTERN CEMTY, BALTO, MD,	
VR A15 (4)	0	4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 258, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE	1 70
15M 7/61	1/2	WITZKE, 4/01 EDWIONDSON AUE, DATE 162	
	dis	THE COL CUSTOM S. Printe	

182 THE TANKE ! - MOVE A STANDERS LAVING K. THE SEA STATE OF THE SEASON STATES SEASON STATES Continue of the same of the same TOTAL STATE OF STATES THE SHARE OF EACH ANTES MITS LONG WAS A RETURNED BY BEDDING STREET, SECREDIC SHIPE STREET THE TEST STATES OF THE SECOND STATES OF THE STATES OF THE SECOND STATES

TO HOSPACL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed thin 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled in by the filled in by the filled with the State Dept. of Health prior to burial, cremation, or removal, and in any every, within 72 hours after the contract of the contract

15M 9/60

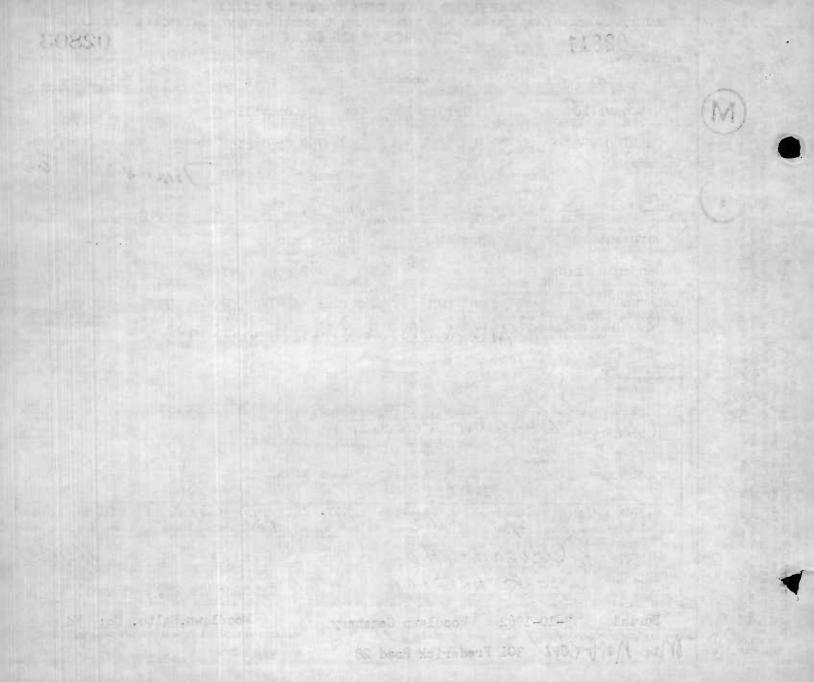
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

02803

1. PLACE OF DEATH e. COUNTY	2. USUAL RESIDENCE (Where decessed livad, If institution: Residence before admission)					
Balt imore Maryland	Maryland Baltimore					
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
write RURAL and give nearest town) Catonsville lyr3mth20dys						
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	Catonsville d. STREET ADDRESS ** IS RESIDENCE					
	ON A FARM?					
SPRING GROVE STATE HOSPITAL	752 Frederick Avenue YES NO					
3. NAME OF First Middla DECEASED	Last 4. DATE Month Dey Year					
(Type or print) Joe	Frank DEATH MAN & 1962					
5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.					
	June 30, 1892 lest birthdey) Months Deys Hours Min.					
1De. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY						
done during most of working lifa, even if retired)						
merchant own store	Maryland U. S.					
	14. MOTHER 3 MAIDEN NAME					
Benjamin Frank	Bertha Kaufman					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II (Yes, no, or unkown) (Ifyesgivewarordatesofservice)	NFORMANT Address					
	corda: SPRING GROVE STATE HOSPITAL					
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	A O A INTERVAL BETWEEN					
PART I. DEATH WAS CAUSED BY:	onset and DEATH					
IMMEDIATE CAUSE (e) AT 1 2 Y 1 60 CVC CONT	10001					
DUE TO						
Conditions, if eny, which geve rise to immediate causa						
(a), steting the underlying DUE TO						
ceuse last. (c)						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?					
(archael vas auter a carde	YES NO N					
2De. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED.	(Enter neture of injury in Part I or Pert II of item 18.)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CULTURE OF CONTRIBUTING TO DEATH BUT NO CULTURED. 2Do. ACCIDENT WAS UNDERLYING TO COURTED. OR CONTRIBUTING CAUSE OF DEATH TO CONTRIBUTING TO COURTED. OR CONTRIBUTING CAUSE OF DEATH TO CONTRIBUTING TO COURTED.						
	CE OF INJURY (Home, farm, 2Df. (City or town) (County) (State)					
	CE OF INJURY (Home, farm, 2Df. (City or town) (County) (Stete) ory, street, office bldg., etc.)					
21. certify that (X (this hospital), attended the deceased from	Nov. 28 , 1958, to 3/8 , 1965 that (I) (we) las					
saw the deceased alive on 3/8 1962 and that	death occured at 7.2.M., from the causes and on the date stated above					
22a, SIGNATURE	, 22b. DATE					
Jose K. Chrizaga H.D. M.	D. PHYS. DIRECTOR PHYS. 3/8/6 SIGNER					
22c. PHYSICIAN'S	22d. ADDRESS SPRING GROVE STATE HOSPITAL					
WAME (Type) YOSE K. VARIZAGA	CAtonsville 28. Maryland					
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C						
REMOXAL (Specify)	11 12 2 2 2					
	tery Woodlawn, Balto, Co; Md					
24 FUNERAL DIRECTORS SIGNATURE ADDRESS						
Was / am / 301 Frederick Road 2	28 DATE MAR 1 2 '62 Cirthur & House					

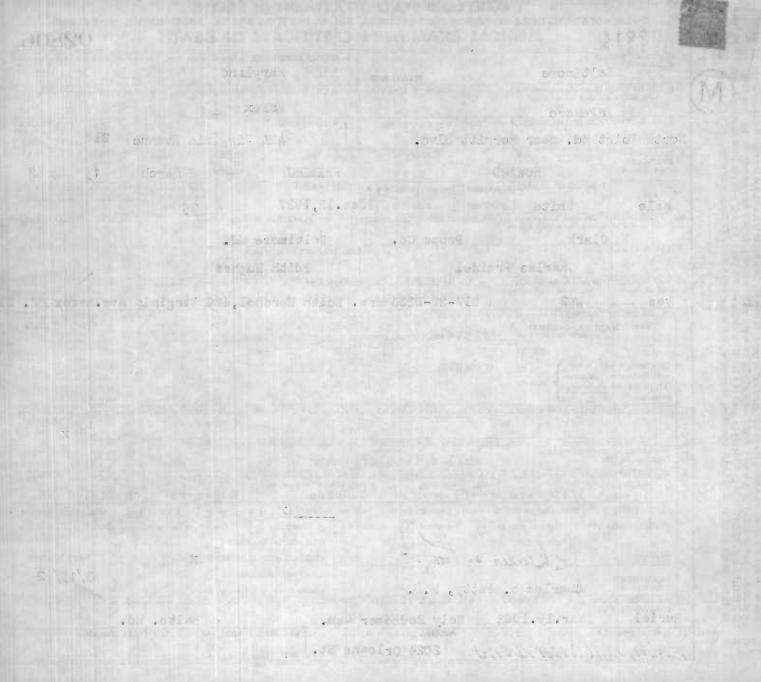


W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH RESIDENCE (Where deceesed lived, If institution, Residence before edinission e. COUNTY Baltimore Maryland MARYLAND b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) write RURAL end give neerest town) Baltimore, Md. Catonsville 5yrl2dys d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, giv IS RESIDENCE ON A FARM? SPRING GROVE HOSPITAL. YES NO 3. NAME OF Middle Yeer DECEASED (Type or print) DEATH March 10 62 Nellie rederick 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. 2-wit last birthdey) Months | Devs July 7, 1886 female white WIDOWED X DIVORCED 75 yrs. ve Pages 1, 2, a PM3. Page 5 is pages 1 and 2 IDe. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY! done during most of working life, even if retired) nurse Maryland U. S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Coppedge Virginia Stiff 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give wer or detes of service) unknown RECORDS: SPRING GROVE 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), end INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Offi Conditions, if eny, which geve rise to immediate cause DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL CERTIFICATION PERFORMED? NO T 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of liem 18.) On 2-26-62 from bed sustaining an comminuted intertrochanteric 20a. EXTERNAL CAUSE WAS PRIMARY MI or CONTRIBUTING
CAUSE OF DEATH. 30 RRED 200. PLACE OF INJURY (Home, farm, the left 1 20c. TIME OF INJURY 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc.) While Catonsville 28. Md. et work et work X hospital OR: 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion death resulted from: Natural causes Accident V Suicide Homicide Undetermined manner forwar CHIEF MEDICAL EXAMINER ACTUAL should be for FUNERAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S George M. Kieffer, M. D. NAME (Type) Address (Street, city, town, or county DID A please 4 shoul O FUN Health 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) Woodlawn, Maryland BURIAL 3-13-62 Woodlawn Cemetery 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR ADDRESS VR A15ME Wm.Cook, Inc., 1217 St.Paul Street, Baltimore 2, Md MAR 1 3 '62 Chillun S. Times 5M 1/62

EXAMINER: This

Otoforate to find a material waste Carolin La Leve 1 1860 grant 7 19 19 19 Le Frakliffe. 1010/01/2010 migray resident Woodleyn School in . Cookston . . vil / Life Paul Street , he bloom 2, in EXTERNAL PROPERTY. Ti. The second of the second of the Council The Mark The Colon Man Colon

¥ 1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	1, MARYLAND
FOR STATE	02814 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	02806
IEALTH DEPT.	1. PLACE OF DEATH a. COUNTY Baltimore MARYLAND 2. USUAL RESIDENCE (Where decased lived, If Institute a. STATE Maryland b. COUNTY)	ution: Residence before admission
director. Pag or your files. Pard of Healt	b, CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Essex	RAL and give nearest town)
for for X	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) North Point Rd. near Merritt Blvd. 424 Virginia Avenue	e. IS RESIDENCE ON A FARM?
sny stain Sta satl	3. NAME OF First Middle Lest 4. DATE Month OF	Day Yeer
death. If a shorth and 3 to the nay be rewith the irs after d	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED ** B. DATE OF BIRTH 9. AGE (In years IF UI last birthday) Married Marri	15 19 62 NDER 1 YEAR IF UNDER 24 HRS. nths Days Hours Min.
er er 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	Male White Widowed DIVORCED Jan 12, 1927 35 yrs.	12. CITIZEN OF WHAT COUNTRY?
thin 24 hours afficies Pages 1, 2 Give Pages 1, 2 mm PM3. Page 1 File pages 1 and fell within 72 h	Clerk Popps Co. Baltimore Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
in 24	Charles Freidel Edith Hughes	
1 × ∞ + 1 × 1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Yes WW2 217-22-0233 Mrs. Edith Merchel, 424 Virginia	Ave Peser Md.
e i gita	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSE BY, IMMEDIATE CAUSE (a) Asphyxia	INTERVAL BETWEEN ONSET AND DEATH
ing" in pencil in the racuil in the racuil in the racuil in the race along to see a burial-transit or removal, and in	929, 8 DUE TO Conditions, if any, which \ (b) Drowning	
ding der's er's as a	gave risa to immediate causa (a), stating the undarlying cause last,	1
This certificates e word "pending edical Examiner" ould be used as cremation, or re-		PERFORMED?
WE	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN 20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Part 1 or Port II of item 1B.) Rolled into drainage ditch	YES NO
writing Chief Sage 3	Zoc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) fectory, street, office bldg., etc.)	(County) (State)
Ificate, I to the TOR: f, prior	21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection . Inquiry	Balto. Md.]. and in my opinion
MEDICAL E the certificat forwarded to ionwarded to ionwarded to ionwarded to idea agent, prijed agent, prijed	death resulted from: Natural causes, Accident X. Suicide, Homicide, Undetermined manner	er 🗌
PUTY ME execute the uld be forw NERAL Didesignated	ACTUAL SIGNATURE CAULES . COLO. ASSISTANT MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPU	3/15/62
P. C. List	NAME (Type) Charles S. Petty, M.D. Address (Street, city, town, or county) 22e. BURIAL, CREMATION, REMOVAL (Specify) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)	
5 g 4 6 g	Burial Mar.19.1962 Holy Redeemer Cem. 23/ FUNERAL DIRECTOR, ADDRESS 24e. REC'D BY REGISTRAR 24b. REGISTRAR	
VS. A15ME 5M 9/60	Ulile's Mes and A and access the	on S. Kraus



e. IS RESIDENCE ON A FARM?

YES NO

Yeer

19 62

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

NO X

(State)

22b. DATE

(State)

arthur S. Hann

SIGNED

IF UNDER 24 HRS.

Min

Des

6

Devs

Russia

FUNERAL I 0 VR A15 (4) 1SM 9/60

24 FUNERAL DIRECTOR'S SIGNATURE

OR

ithin 24 hours after

law requires that the death certificate be

\$10850F C. C. St. Section of the last of the last

De TO HOSP AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed. This 24 hours after the death. Page 4 may be retained by the hospital or attending physician.

S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

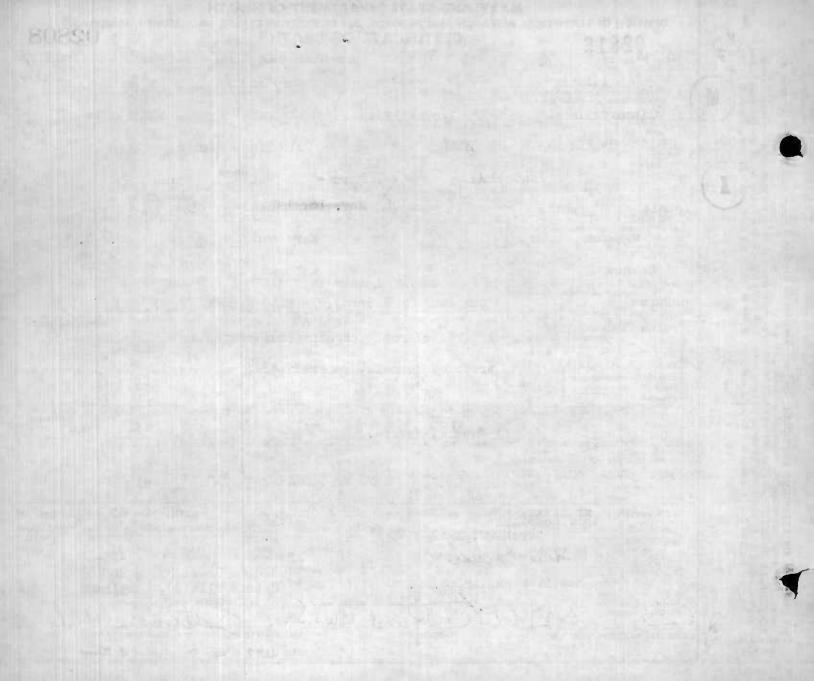
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02816

CERTIFICATE OF DEATH

02808

1.	1. PLACE OF DEATH o. COUNTY				2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission)					
1	Baltimore Maryland			e. ST	e. STATE b. COUNTY					V
1	b. CITY OR TOWN (if outside corporete limi	is.	c. LENGTH OF STAY IN 18	c. CI	Mary TY OR TOWN	Land If outside corpore	ete limits, writ	e RURAL end	give neerest to	own)
1)	write RURAL end give nearest town)							/		
<i></i>	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress)		3yr7mth22d		Battimor REET ADDRESS	e	· · · · ·	31	101-7	RESIDENCE
	a. NAME OF HOSPITAL OR INSTITUTION (r not in nos	pitel, give street eddress)	0. 31	KEET ADDKESS					A FARM?
	SPRING GROVE STATE HOSPITAL				2610 F	Riggs Av	enue		YES	NO
3.	NAME OF First DECEASED		Middle		Last	4. DATE OF	Mont	h	Dey Ye	er
	(T	bella	G	aither		DEATH	Marc	h 20	19	9 62
5.	5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 1 B. DATE OF BIRTH 9. AGE (AGE (In years	IF UNDER 1 Y	EAR IF UND	ER 24 HRS.
· 6	Mary 16 1876 Identification Months De							eys Hours	Mln.	
	emale white . USUAL OCCUPATION (Give kind of work		ND OF BUSINESS OR INDUS		-,		97	12. CITIZ	EN OF WHAT	COUNTRY?
do	ne during most of working life, even if retire	d)		11. 011	2.0		,,,			
10	unknown				Maryla			U.	S.	
13.	FATHER'S NAME			14. MOT	HER'S MAIDEN	NAME				
	unknown				unknow	n				
15	WAS DECEASED EVER IN U.S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17	INFORMA	NT		Address			
	inknown		nknown Re	cords:	SPRIN	G G ROVE	E STAT	TE HOS	PITAL	
	1B. CAUSE OF DEATH [Enter only one			00100.	STREET	0 10011	2 OTILL	1100	I INTERVAL B	ETWEEN
	PART I. DEATH WAS CAUSED BY.									
	IMMEDIATE CAUSE (e) Arteriosclerotic cardiovascular disease									
	DUE TO									
	Conditions, if eny, which (b)	Ar	teriosclerosi	s, gen	eralize	d				
	geve rise to immediate cause (e), stating the underlying DUE TO									
	ceuse lest. (c)									
Z	PART II. OTHER SIGNIFICANT CONDI	TIONS CON	TRIBUTING TO DEATH BUT	NOT RELATED	TO THE TERMIN	NAL DISEASE CO	NDITION GIV	EN IN PART 1	(e) 19. WAS	AUTOPSY
CERTIFICATION		A.	namia carrana						YES T	NO 1
5	2Da. ACCIDENT WAS UNDERLYING		nemia, severe		ure of injury in l	Pert I or Part II o	f item 1B.)			
ERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)									
		1001	WILLIAM OCCUPANT LOS	LA CE OF INII	16V (11	1 205 (6%)		16		(61-1-)
MEDICAL	20c. TIME OF INJURY Month, Dey, Ye Hour a.m.	While	,		JRY (Home, ferm office bldg., etc.		r town)	(Count	γ)	(State)
ME	p.m. 19	et wor								
	21. I certify that XX (MXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	(al) attend	ded the deceased from	July	28	1958 ₁₀	March.	30., 162	, that (I)	(vge) last
	Tans nosmi	T. 9			ccured at	M, from	the causes	and on th	e date stat	ed above.
	saw the deceased alive on	ch 20	, 1902		p					2b. DATE
	StiNa	Wac	2. On N	manage		MED.	STAFF PHYS.	3_2	0-62	SIGNED
	22c. PHYSICIAN'S	·Vac	ucc.	141.00		PRING GR				
		achsl	er, M. D.							
-			7 A		U.	atmsvil				(F)
123	REMOVAL (Specify)	(7	ASC. NAME OF CEMETER	A CREMA	The state of	23d, LOCAT	ION (City, to	wn or county)	11	(State)
1	0,7	66	J.914	1 Vice	d . John	4/5	elle	wore	, my	
24	FUNERAL DIRECTOR'S SIGNATURE		ADDRESS		25e. REC	C'D BY REGISTR	AR 25b. RE	GISTRAR'S SI	GNATURE	
					DATE M	AR 2 8 '62	1 0	ribun S.	trans	
-					13.00					



W / I		LACE OF DEATH	1 toms 11 0 12		CE (Where deceesed lived, I		e before edmission
$V \perp$		Baltimore	MARYLAND	e. STATE Ma	ryland b. cou	JNTY	
1		CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN	If outside corporete limits, wr	rite RURAL end give n	earest town)
		Catonsville	7mth3dys		imore	310	
4		NAME OF HOSPITAL OR INSTITUTION (if not		d. STREET ADDRESS			ON A FARM
		PRING GROVE STATE H	Middle	2922 A	runah Avenue	nth Dev	YES NO
		Sadie Sadie	XXXX	Gay	OF DEATH M	arch 5	1962
	5.	/. /	MARRIED NEVER MARRIED	DATE OF BIRTH	9. AGE (In yeer lest birthdey)	months Deys	Hours Min.
			DOWED X DIVORCED \(\bigcup \)	11 0107401 405 16	83 3 8yrs.	112 CITIZEN O	F WHAT COUNTRY
	do	housewife		tolkholish	Maryland	XXX	FIFTHH.
		FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
		INKNOWN WAS DECEASED EVER IN U.S. ARMED FORCES?	LIA SOCIAL SECURITY NO. L 17 TE	unknow	n Addre	APP.	
1	(Ye	no, or unkown) (Ifyesgive weror detes of service	(e)				
	u	IKNOWN 18. CAUSE OF DEATH [Enter only one cous		cords: SPR	ING GROVE S'	INT	ERVAL BETWEEN
		DARKE BELTHAMAS CAMEER BY	Cardiac failure				SET AND DEATH
		H DUE TO					3,5
		Conditions, il eny, which (b)	Arteriosclerotic	heart disea	se with aortic	c	
	H	geve rise to immediate cause (e), stating the underlying DUE TO cause lest.	valvular insuffic	iency			years
)	ATION	PART II. OTHER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMI	NAL DISEASE CONDITION G		P. WAS AUTOPSY PERFORMED? YES NO
	CERTIFICATION	2De. ACCIDENT WAS UNDERLYING 2DI OR CONTRIBUTING 2 CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCURED.	(Enter neture of injury in	Pert I or Part II of item 18.)		
			2Dd. INJURY OCCURRED 2De. PLAC	E OF INJURY (Home, far		(County)	(Stete)
	MEDICAL	20c. TIME OF INJURY Month, Dey, Yeer Hour e.m. p.m. 19	While Not While fector	ry, street, office bldg., etc			
	MEDICAL	Hour e.m. p.m. 19 21. I certify that (this hospital)	While Not While et work et work attended the deceased from	Aug1	1961, to March.	5, 1962 to s and on the da	nat (t) (we) la
	MEDICAL	Hour e.m. p.m. 19 21. I certify that (1) (this hospital) saw the deceased alive on	While Not While et work et work attended the deceased from	Aug. 2 death occured at	1961, to March.	5, 1962 to s and on the da	22b. DATE SIGNE
	MEDICAL	Hour e.m. p.m. 19 21. I certify that (this hospital) saw the deceased alive onMar. 22e. SIGNATURE Sellar 22c. PHYSICIAN'S	while Not While et work et work the deceased from	ATTENDING PHYS.	1961, to March. Med., from the causes MED. STAFF DIRECTOR PHYS. SPRING GROVE	3-5-62 STATE HO	22b. DATE SIGNI
1	23a	Hour e.m. p.m. 19 21. I certify that (this hospital) saw the deceased alive onMar. 22e. SIGNATURE Sellar 22c. PHYSICIAN'S	while of work of etwork of	Aug. 1 2 death occured at ATTENDING PHYS. 2 22d. ADDRESS	1961, to March. M. from the causes MED. STAFF DIRECTOR PHYS.	3-5-62 STATE HO B, Marylan	22b. DATE SIGNE

80 8881 (200) BITTON XOLDEN BLAND. GW.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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death

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1 35 25 4 4 alligacota0 elile=weami Reb Graden ed. laton Ridge Hars. Howe a rezio 5 Mar. US, 86486 ES. TAM Eggrands Agent Balto. 1120. ~ 3 y m Hariel Son Start and The Park County, a Modilars Mi. TELEFORM TOTAL STREET

VR A15 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE J. MARYLAND CERTIFICATE OF DEATH 028:9

1	1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) e. STATE b, COUNTY					
/	Baltimore MARYLA	IND e. STA	Mary	land °	, COUNTY			
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	IN 1b c. CIT	Y OR TOWN (If outside corporate limi	ts, write RURAL and	give nearest to	wn)	
	Fort Howard 10 days	3	Balti	more 26	3	VD1-4		
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straat address		REET ADDRESS			RESIDENCE A FARM?		
	Veterans Administration Hospital	16	17 Locu	st St.			NO X	
	3. NAME OF Served as: FSTANISLAW Middle -	GRABOWSK	₹ st	4. DATE OF	Month	1	er	
1	(Type or print) STANLEY	- GRABOW	0		rch		62	
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF	BIRTH	Last bir	h years IF UNDER 1	YEAR IF UND	ER 24 HRS.	
	Male White WIDOWED DIVORCED		, 1887	74	yrs.	110013	741111.	
1	10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)	DUSTRY 11. BIRT	HPLACE (Cour	ity & Stete, or foreign o	ountry) 12, CIT	IZEN OF WHAT	COUNTRY?	
	Laborer Railroad	Pol	and		U.	S.A.		
1	13. FATHER'S NAME		HER'S MAIDEN	NAME				
	John Grabowski	.7	osenhir	e Fortlesh	eski			
<i>}</i>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.					ospital		
4	(Tes, no, or unkown) (ITyesgive war or dates of service)			lary land-FO				
	Yes WW-1 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c),		e 10, r	ary tand-ro	III HOWALID	I INTERVAL E		
	DART I DEATH WAS CALISED BY	ONSET AND DEATH						
	IMMEDIATE CAUSE (e) PNEUMONIA, LE	FT LOWER	LOBE			Unknown		
	DUE TO				Tinlen	VI.TW		
	Conditions, if any, which (b) PULMONARY EMP	PHYSEMA				Unknown		
1	gave rise to immediate cause (a), stating the underlying DUE TO							
	cause lest. (c)							
		BUT NOT RELATED	TO THE TERMI	NAL DISEASE CONDITI	ON GIVEN IN PART	1(e) 19. WAS	AUTOPSY ORMED?	
						YES T	NO X	
	E 200. ACCIDENT WAS UNDERLYING [] 206. DESCRIBE HOW INJURY OF	CURED. (Enter nat	ure of injury in	Pert I or Pert II of item	1B.)		13.3	
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
	ZOc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2	Oe. PLACE OF INJE) (Cou	nty)	(State)	
1	20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 2 Hour e.m. While Not While et work at work	factory, street,	office bldg., etc	.)				
		. TO - 1-	22	10 60 . 160-	1	60	/ -> 1	
	21. I certify that XI) (this hospital) attended the deceased	fromreo	46	19082 toMar	19.	(U.C., that (U)	(we) last	
	saw the deceased alive onMar	d that death o	ccured at	M, from the c	auses and on I	the date stat	ed above.	
	22e. SIGNATURE	ATTE	NDING	MED. STAF	F		SIGNED	
1	Frederick J. Inalosso	M.D. PHYS		DIRECTOR THYS	. 📙	3/4/62		
	22c. PHYSICIAN'S NAME (Type)		ADDRESS	20 20 7		D		
	FREDERICK S. DUNALDSON, M.			18, Md - F				
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEM	ETERY OR CREMA	TORY	23d. LOCATION			(State)	
	Burial 3/7/62 Holy Cross	s Cemeter	y	Anne Arun	del Count	y Mary	land	
				C'D BY REGISTRAR 2	56. REGISTRAR'S	SIGNATURE		
	FIALKOWSKI Funeral Home Baltimore.	rn Ave.	DATE	6 '62	Clathun &	Kraus		

. I James Tin Let Spall motoretain its impress DATE TO DEED CALL CALL CALL STREET A 184 1 184 1 184 1 185 . 405 Supplied to the Forest Trans. It is a feet to the trans of the feet of the fee Purtual and a first and another the second of the second o

RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY CERTIFICATE OF DEATH tem 23b. Film G309 2. USUAL RESIDENCE (Where deceased lived, If institution, Rasidance before admission) PLACE OF DEATH a. COUNTY b. COUNTY Baltimore by the and 2 death. MARYLAND Maryland b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town writa RURAL and give nearast town) 84 days Fort Howard Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO Veterans Administration Hospital Sidney Avenue NAME OF 4. DATE DECEASED March 14. (Typa or print) MICHAEL DEATH 62 **GUMPMAN** 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED bon 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH and last birthday) Months | Days Male White WIDOWED October 28, 1895 DIVORCED 1Da. USUAL OCCUPATION (Giva kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Stata, or foraign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, avan if retired) Policeman Civil Service Baltimore, Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Gumoman Annie Schaeffler 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Clinical Records, VA Hospital (Yas, no, or unkown) | (If yas give war or datas of sarvice) Yes 218-36-1936 Baltimore, Md. - Ft. Howard Division 18. CAUSE OF DEATH [Entar only ona cause par line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: PNEUMONIA 2 WEEKS IMMEDIATE CAUSE (a) DUE TO BRONCHOGENIC CARCINOMA UNKNOWN Conditions, if any, which (b) gava risa to immadiata cause DUE TO (a), stating the undarlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? NO 2Da. ACCIDENT WAS UNDERLYING [7] 2Db. DESCRIBE HOW INJURY OCCURED. (Entar natura of injury in Part I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 2Da. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata) Month, Day, Year factory, straet, office bldg., atc.) Not Whila et work at work t may be retaine, DIRECTOR: / 3 should be det 21. I certify that XI) (this hospital) attended the deceased from December 20, 1061, to March 11, 19.62 that XI) (we) last 22a. SIGNATURE ATTENDING SIGNED PHYS. DIRECTOR eth. Page 4 rector, page 22c. PHYSICIAN'S Chief Medical 22d. ADDRESS FREEMAN. M. D. VAH, BALTIMORE, MD. FT HOWARD DIVISION 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata) REMOVAL (Spacify) のきる March 17, 1962 Loudon Park Cemetery Baltimore. Md. 24 UVERAL DIRECTOR'S SIGNATURE + Gons 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS VR A15 (4) 15M 9/60 MAR 1 6 '62 Urthur S. Minus Tickner and Sons. Inc. North & Pa Ave. Baltimore. Md.

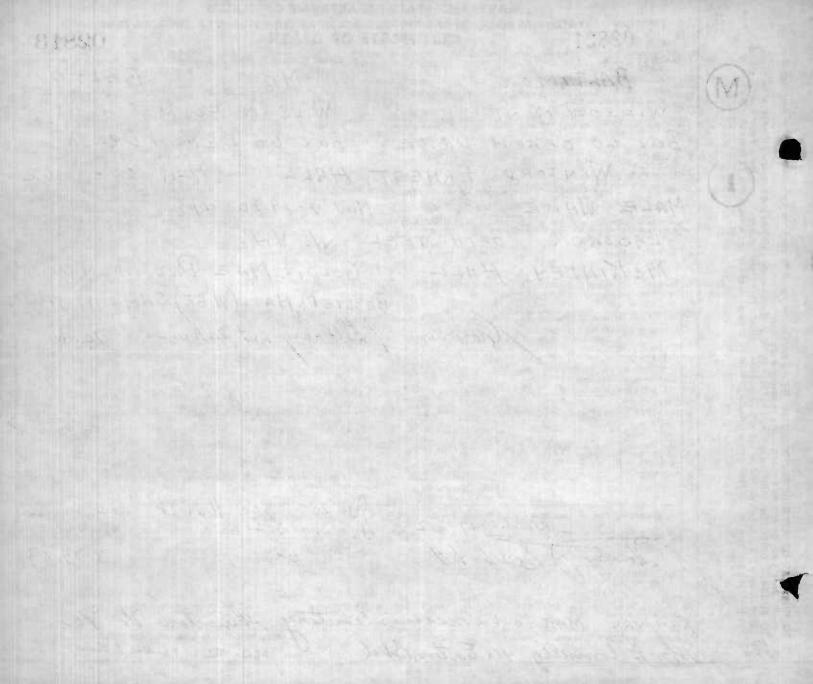
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ARYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN In outside corporate limits, write RURAL and give neerest town c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neeresf town) 1450/Y ON UINI d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? C YES NO completely 3. NAME OF Middle DATE Day Month Year DECEASED OF (Type or print) DEATH 1962 5. SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED DATE OF BIRTH last birthday) Hours DIVORCED WIDOWED USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? & State, or foreign country) done during most of working life, even if retired) -AB ORE 13. FATHER'S NAME RUMMIOND 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. (Yes, no, or unkown) | (If yes give war or detes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a Conditions, if any, which geve rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(10) 19. WAS AUTOPSY PERFORMED? NO 2Da. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury In Pert I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY Month, Day, Year 2Dd, INJURY OCCURRED | 2De, PLACE OF INJURY (Home, farm,) 2Df. (City or town) (County) (State) fectory, street, office bldg., etc.) While Not While Hour a.m. at work et work p.m. may be retain DIRECTOR: 21. I certify that (1) (this bossital) attended the deceased from saw the deceased alive 22b. DATE IRE PHYS. DIRECTOR M.D. ath. Page 4 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) ector, 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 234.7 LOCATION (City, town or county) (State) REMOVAL (Specify) P 4 0 EMOVAL REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) Chiller S. Kraus 15M 9/60 DATE

OR



DEPARTMENT OF HEALTH

en de William Committee of the Committee of th Stance State Responded The Thinnes Sold of 1203- 54 " The The JECKY HIEW HAMMERSHALL 3 MASS. The second second TRIME GROOF THE CE S M. A TOWNER HEROLD S. HEIDINGERSLE - FIETH PHILESHILL Box Blescone Brond Hard Comment of the C

death. Fage 4 may be retained by the hospital or attending physician.

Yes TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral transfer or remove carbon papers. Pages 1 and 2 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death vithin 24 hours after The law requires that the death certificate be execut TAL OR ATTENDING PHYSICIAN:

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission)					
Baltimore		MARYLAND	a. STATE b. COUNTY AMARYLAND					
b. CITY OR TOWN (if out	ride corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporete limits, write RUI	RAL end give neerest town)				
Fort Howard	Hoerest fown;	103 Days	Baltimore 16	2 VAI - 4				
d. NAME OF HOSPITAL C	d. STREET ADDRESS	e. IS RESIDENCE						
Veterens Admi	nistration Ho	enitel	2518 Calverton Heights \$	Avenue YES NOX				
3. NAME OF	First	Middle	Last 4. DATE Month	Dey Year				
DECEASED (Type or print)	HENRY	T TATA	OF DEATH	14 1962				
5. SEX 6. (COLOR OR RACE 7. MARRIE	LEE H	ARMON March	14 1962				
26.2			last birthdey) Mo	onths Days Hours Min.				
10a. USUAL OCCUPATION I	Give kind of work 10h K	D DIVORCED NO.	vember 19,1907 54 yrs.	12. CITIZEN OF WHAT COUNTRY?				
done during most of working	kife, even if retired)		Accomack County,					
Pile Driver 13. FATHER'S NAME	Mf	g. Air Planes	Virginia	U. S. A.				
			14. MOTHER'S MAIDEN NAME					
Lilton Harmon			Mary Hatnse					
(Yes, no, or unkown) (Ifyesg	rve war or dates of service)	EST ON YTINDES LAIDOS	Inical Records, VA Hospital,	Baltimore 18 Md				
Yes		7-10-1029	Fort Howard D	ivision				
	H Emer only one cause per li	GUS AND STOMACH	ONSET AND DEATH					
PART I. DEATH WA	UNKNOWN							
150 X XXX								
	Conditions, if eny, which \ (b) METASTASIS TO LIVER, REGIONAL LYMPH NODES							
(a), stating the underly	geve rise to immediate cause (a) stating the underlying DUE TO							
cause last.	(c)							
PART II. OTHER SIGN	HEICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN I	N PART 1(e) 19. WAS AUTOPSY				
Bilateral	Bronchopneumo	nia. Bilatera	l Nephritis.	PERFORMED? YES IN NO				
PART II. OTHER SIGN Bilateral 200. ACCIDENT WAS U	NDERLYING 20b. DES		(Enter neture of injury in Part I or Pert II of item 18.)					
OF CONTRIBUTING I	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
3 20c. TIME OF INJURY	Month, Dey, Year 20d. I		CE OF INJURY (Home, farm, 20f. (City or town)	(County) (State)				
20c. TIME OF INJURY Hour a.m.	While 19 at worl	Not While factor	ry, street, office bldg., etc.)					
7.1111		ded the deceased from	Dec. 1 1061 March 14	162 20 ()				
21. I certify mar	March 1	bed the deceased from	death occured at pM, from the causes and	, 1992, that (1) (we) last				
22e. SIGNATURE	silve on Avera cur.	in 19.00., and that	death occured atpM, from the causes and	on the date stated above;				
226. SIGNATURE	7	0 /	ATTENDING MED. STAFF	226. DATE				
22c. PHYSICIAN'S	mas /s	alean M.	D. PHYS. DIRECTOR PHYS. X	3/13/02				
NAME (Type)	1							
THOMAS F. CR		On MALLE OF CELLETERY	VAH, BALTO. 18, MD. FT HOW					
REMOVAL (Specify)	23b. DATE THEREOF	23c. NAME OF CEMETERY						
Burial	~ / / 6 /		cional Cemetery Baltimore 2					
24 FUNERAL DIRECTOR'S SIG		ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTR	CAR'S SIGNATURE				
Charles A. R	Rice, 661 W. B	arre St., Balto	.Md. DATE MAR 1 9 '62 a	Chur S. France				

Age con Deletaros necessis in a deletaros How is the second all trail (The same of the country of the Part of Large 的是一种,我们就是一种,我们们就是一个人,我们们就是一个人,我们们就是一个人,我们们就会一个人,我们们就会一个人,我们们就是一个人,我们们们就是一个人,我们们们 General A. Hice, Ool V. Berro St., Blitto Md. From San Inches

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINE ERTIFICATE OF DEATH FOR STATE HEALTH DEPT 8 & 9 FILM GILO USDAR / SIDENCE | Where deceased lived, If Institution: Residence before admission) I. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY within 24 hours after death. It any oversy is the firector. Page 18. Give Pages 1, 2, and 3 to the funeral director. Page form PM3. Page 5 may be retained for your files. It file pages 1 and 2 with the State Board of Health, within 72 hour after death. Baltimore Maryland Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest lown) write RURAL and give nearest town) Baltimore Baltimore d. STREET ADDRESS Langley Road d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) a. IS RESIDENCE ON A FARM? 541 Langlev Road YES NO 3. NAME OF Middle 4. DATE Month Day Year DECEASED OF 1962 JANE March (Type or print) DEATH Elizabeth Harvey 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 24 HRS. 5. SEX 9. AGE (In years I IF UNDER 1 YEAR) last birthday) Months Hours Female WIDOWED -DIVORCED | 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) vare 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM permit. File 1 16. SOCIAL SECURITY NO. | 17. INFORMAN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, no. or unkown) | (If yes give we rordetes of service) in pencil in Item 1 This certificate should be executed 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN Office along ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY: and Hypertensive cardiovascular disease IMMEDIATE CAUSE (e) **DUE TO** removal Conditions, if eny, which (b) geve rise to immediate cause "pending" Examiner's DUE TO (a), stating the underlying 35 5 cause last. pesn cremation PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? please execute the certificate, writing the word 2 YES TXXX NO pluods 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18.) 20e. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | forwarded to the Chief 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Month, Day, Year (County) (State) Page factory, street, office bldg., etc.) 0 While Not While Hour e.m. at work et work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion Undetermined manner death resulted from: Natural causes Accident Suicide Homicide CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER TO DATE SIGNED should be for FUNERAL I SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER March 26, 1962 Peter W. Rieckert, M.D. plnods NAME (Type) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) ö 0 240. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR ADDRESS arthur S. Kraus VS. A15ME DATE MAR 2 9 '62 5M 9/60

TE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whara daceasad livad, If institution, Rasidence bafora admission) a. COUNTY b. COUNTY hours Baltimore MARYLAND Maryland b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 ande p writa RURAL and giva nearast town) Catonsville .⊑ hours after Pages Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) . IS RESIDENCE d. STREET ADDRESS ON A FARM? House in the Pines-Catonsville YES NO completely 3. NAME OF DAT Middle Month Day DECEASED OF (Type or print) Charles DEATH 19 62 Jesse Augustus Haughey within 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR 5. SEX IF UNDER 24 HRS last birthday) and Months event, WIDOWED X DIVORCED Male Nov. 1 physician 10a. USUAL OCCUPATION (Giva kind of work remove 10b. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, avan if retired) Retired Salesman USA Baltimore, Maryland
14. MOTHER'S MAIDEN NAME attending ph Then please r 13. FATHER'S NAME = William Haughey Catherine Kaufman and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes no, or unkown) (Ifyas giva war or datas of sarvica) Mr. Charles D. Haughey-3702 Downey Pale Pri World War World War T 210-09-7005

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] IMMEDIATE CAUSE (a) gava rise to immadiata cause DUE TO (a), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO A 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of itam 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata) factory, streat, offica bldg., atc.) Whila Not While Hour a.m. at work at work DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from. 3-19 1962 to 3-21- 1962 that (1) (we) last saw the deceased alive on. 3-20-1962 and that death occurred af 34M, from the causes and on the date stated above. 220. SIGNATURE 22b. DATE ATTENDING SIGNED STAFF PHYS. DIRECTOR M.D. FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Typa) Gallager ector, 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Stata) REMOVAL (Spacify) - B POF Burial Raltimore National Raltimore Maryland 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) arthur S. Trans 15M 9/60

DEPARTMENT OF HEALTH

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01 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH a. COUNTY e. STATE Maryland Baltimore MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL end give neerest town) 33yr5mth2ldvs d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g Baltimore d. STREET ADDRESS . IS RESIDENCE ON A FARM? Baltimore City Hospitals HOSPITAL G ROVE YES NO 3. NAME OF Middle DATE Yeer DECEASED (Type or print) DEATH 1962 Ellen Haves 16 March 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED TO 9. AGE (In years LIF UNDER 1 YEAR IF LINDER 24 HRS Jast birthdey) Months 1886 WIDOWED [white iemale 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) miknown Balto Md. U.S.A. none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME unknown unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) HOSPITAL unknown Records: SPRING GROVE STATE unknown 18. CAUSE OF DEATH [Enter only one ceuse per live for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO geve rise to immediate ceuse DUE TO (e), steting the underlying PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 3 How INJURY of CURED. (Enter neture of injury in Part | or Pert || of Hem 18.) On 2-21-62 pt. slipped floor, falling on right hip and sustaining an intertrochanor CONTRIBUTING fracture of the right femur teric (County) (Stete) fectory, street, office bldg., etc.) Catonsville 28. Md. hospital et work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion please execute the certific 4 should be forwarded to FUNERAL DIRECTO Health or its designated. death resulted from: Accident Suicide Undetermined manner Natural causes Homicide CHIEF MEDICAL EXAMINER ACTUA ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S George M. Kieffer, -16-62 NAME (Type) Address (Street, city, town, or cou 22e. BURIAL, CREMATION. PEMOVAL (Specif VR A15ME DATE MAR 2 5M 1/62

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1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Mary	b. COUNTY	n: Residence before admission)
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	D.	utside corporate limits, write RU	IRAL and give nearest town)
Mt. Wilson, Maryland	24 days	Adel	me	04X.2
d. NAME OF HOSPITAL (If not in hospitol, give street of OR INSTITUTION Mt. Wilson State Hospital	oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) William	Middle	tenson	4. DATE Mont OF DEATH Mar.	Day Year 30 19 62
S. SEX 6. COLOR OR RACE 7. MARR Male Negro widowe	THE THE PROPERTY OF THE PARTY O	1-5-129	9. AGE (In years last birthdoy) 3 yrs.	Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane 10b. during most of warking life, oven if retired)	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State of	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
Bennie He	nson	Viol	a Walke	24
	SOCIAL SECURITY NO. 17. IN	FORMANT	Addre	ess
(Yes, no, or unknown) ? (If yes, give wor or dates of service)	nknown Ho	spital Record	s, Mt. Wilson	State Hospital
1B. CAUSE OF DEATH [Enter only one cause per lin PART I. DEATH WAS CAUSED BY:		onru/s	· wire	ONSET AND DEATH
IMMEDIATE CAUSE (o) DUE TO	o (a Cus =	onru/s	- us	
Conditions, if any, which (b)				
couse (o), stoting the <u>under-</u> lying couse lost. DUE TO				
	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVE	EN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS COMMENT IN A.) Pu	1 monary	Tuberc	ulosis	YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED). (Enter nature of injury in P	art I or Part II of item 1B.)	
Hour o.m. While	NJURY OCCURRED 20e. PLA Not while at work	CE OF INJURY (Home, form, tory, street, affice bldg., etc.	20f. (City or town)	(County) (State
21. I certify that (I) (this haspital) attend	,	. 1969	62.10 3-30	, 19 62 that (1) (we) last
saw the deceased alive an 3-30	19 5 and that d	eath accurred at L	M, fram the causes and	d an the date stated above. 22b.DATE
Menome	,	A.D. ATTENDING ME	D. STAFF PHYS.	SIGNED
Wm. Newcomer, Superintend	lent	Mt. Wilson	State Hospital	, Mt. Wilson, Md
23a. BURNAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY OF	R CREMATORY	23d. LOCATION (City, town, o	r county) (Stote)
4-3-62	Darsto	W	(4)	verilo, mc
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Fred	250. REC'D	by REGISTRAR 25b. REGIS	tran's signature hur S. Kraus
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 02830 funeral 24 hours after 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decaased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY Baltimore Maryland 1 pe MARYLAND b. CITY OR TOWN (if outside corporeta limits, c. CITY OR TOWN (If oulside corporata limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give neerast town) lowson Baltimore hours after d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) . IS RESIDENCE ON A FARMS Holly Hill Manor 3300 N. Calvert St. YES NO I completely 3. NAME OF Middla 4. DATE Dey DECEASED Rev. Charles J. Hines (Typa or print) DEATH pou 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. 5. SEX B. DATE OF BIRTH 9. AGE (In years I IF UNDER 1 YEAR | and last birthday) | Months | Days Male Hours 1,1883 WIDOWED A Sept. DIVORCED certificate 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 1Db, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired Baltimore, Maryland U.S.A. Clergy 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME death Ella Baylies Henry Clay 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address the (Yas, no, or unkown) | (If yas give wer or detas of service Mrs. Virginia H. Taylor 2533 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which gave rise to immediate causa DUE TO (a), stating the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY CERTIFICATION PERFORMED? 0 NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Pert I or Pert IV of item 18.) 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH for MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20a, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Month, Day, Yaar factory, streat, office bldg., etc.) While Not While Hour a.m. at work at work p.m. 19.6.4 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from 19.6 and that death occured at 9.4.M, from the causes and on the date stated above. saw the deceased alive on..... 22a. SIGNATURE ATTENDING DIRECTOR PHYS. FUNERAL 22d. ADDRESS 22c. PHYSICIAN director, be filed 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23e. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL . (Specify) Baltimore, Maryland Loudon Park 10 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60 Eutaw DATE WAR 1 9 '62 Mitchell & Sons, Inc. Orthur & House Place

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S . PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) e. COUNTY a. STATE b. COUNTY ny delay is necessary. s funeral director. Page Baltimore MARYLAND Md. b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL end give neerest town) your rd of h Baltimore Dundalk d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 7003 Dunman Way 7003 Dunman Way, Zone retained ne State 8 YES NO T 3. NAME OF Middle 4. DATE Month Yeer DECEASED M. DEATH (Type or print) 19 6 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. 5. SEX 9. AGE (In years | IF UNDER 1 YEAR may 2 wit last birthdey) Months Hours WIDOWED | DIVORCED T Apr. 28, 1899 female 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Castelberg Baltimore, Md. Bookkeeper pages PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles F. Foll Cecelia Ford 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Zone 12 Address (Yes, no, or unkown) | (If yes give wer or detes of service) John G. Hoesch, Jr., 714 Penninghaus Rd. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] ONSET AND DEATH Bulusion PART I. DEATH WAS CAUSED BY: me IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (b) geve rise to immediate cause DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO F 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, ferm, 20f. (City or town) 20c. TIME OF INJURY Month, Dey, Yeer (County) (Stete) factory, street, office bldg., etc.) While Not While Hour e.m. et work et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection / -Inquiry and in my opinion Natural causes Accident Suicide Homicide Undetermined manner death resulted from execute the could be forward CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county) 220. BURIAL, CREMATION, 22b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) ₽40 p Burial Holy Redeemer Cemetery Baltimore, 240. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE E. Schimunek Funeral Home arthur & Trava VS. AISME DATE Brehms Lane SM 9/60

DISTRIBUTE •

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

Baltimore

Day

Months

(County)

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MARYLAND STATE DEPARTMENT OF HEALTH

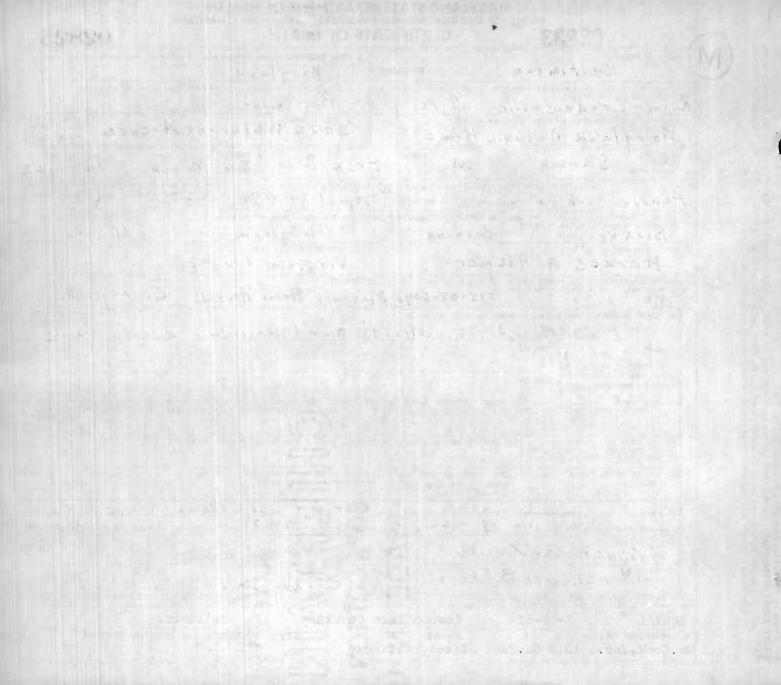
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND

CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY_OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) RURAL and give nearest tawn) Baltimore Kural - Lockeys wille d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS Walbrook Aveny ON A FARM? Masonic YES NO NAME OF Middle 4. DATE DECEASED OF DEATH (Type ar print) 1962 6. COLOR OR RACE 7. MARRIED NEVER MARRIED TO B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) 124,1871 Manths DIVORCED | 90 WIDOWED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Banking 4.S.A. BOOK KEEPEN 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Horace A. Hesmer ou ings QINIQ IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT Address Con Keysville Masonic Home Records 215-07-6090 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) nterio selerate candio vasculora DUE TO Canditians, if any, which gave rise to immediate DUF TO cause (a), stating the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth. 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) Haur a. m. While Nat while at wark at wark p. m. 21. I certify that (I) (this hospital) attended the deceased fram GeT Manch 1962, that (1) (we) last saw the deceased alive on Man 1962, and that death occurred at & M, from the causes and an the date stated above. 22a. SIGNATURE SIGNED ATTENDING PHYS. MED. STAFF PHYS. M.D. 22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS Elizabeth B. Sherrill 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, tawn, ar caunty) (State) Loudon Park Cemetery Baltimore 3-16-62 24. FUNERAL DIRECTOR'S SIGNATURE 250. REC'D BY REGISTRAR 62 25b. REGISTRAR'S SIGNATURE Cilling S. Thouse Wm.Cook, Inc., 1217 St. Paul Street, Baltimore DATE

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24 hour by the land 2 r death			ь. С
filled ir Pages urs afte	X		d. N
TO HOST ALL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed thin 24 hour adeath. Page 4 may be retained by the hospital or attending physician. > TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 • be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.		3.	NA DEC
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TTENT Fretain TOR: d be de		W.	21. sav
TO HOSE ALL OR ATTENDING PHYSICIAN: The law requires the death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the director, page 3 should be detached for use as the burial-transit permit. Defined with the State Dept. of Health prior to burial, cremation, or ren			22
Page 4 ERAL page with th	1		220
HOS death. FUN director,		23a	REM BU
VR A15 (4)	A	24	FUN
	1241		

MARYLAND STATE DEPARTMENT OF HEALTH

12834 CERTIFICATE OF DEATH 02826

1. PLACE OF DEATH e. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before edmission)		
Baltimore MARYLAND	Maryland Baltimore		
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)		
Baltimore 12	Baltimore 12		
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?		
6823 Queens Ferry Rd.	6823 Queens Ferry Rd. YES NO X		
3. NAME OF First Middle DECEASED	Lest 4. DATE Month Day Year OF		
	ouck DEATH 3- 15 1952		
1. MARKED INCLES MARKED	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.		
	2-23-10/5 87 yrs.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?		
Housewife	Maryland USA		
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
William J. Robinson	Mary Hanley		
15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II (Yes, no, or unkown) (Ifyesgivewerordatesofservice)	NFORMANT Address		
No	s. John F. Fader Above		
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]	· O O / O I INTERVAL BETWEEN ONSET AND DEATH A		
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	al marchion immediate		
DUE TO A	+ 11 MD.		
Conditions, if eny, which to the soul of the conditions, if eny, which to the conditions to the condit	THE NEAR HARRED 2 4010		
gave rise to immediate cause	John John John John John John John John		
(a), steting the underlying DUE TO			
	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY		
OIA CONTRACTOR OF CONTRACTOR O	PERFORMED?		
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED.	(Enler neture of injury In Part I or Part II of item 18.)		
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bldg., etc.]		
p.m. 19 at work at work	0 1 . 0 - 10		
21. I certify that (I) (this hospital) attended the deceased from	Cuaust., 196/ to Mar. 15., 1962 that (1) (we) last		
	death occured at J.P.M. from the causes and on the date stated above.		
22a. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED		
Muluam + Fearce _ M.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
22c. PHYSICIAN'S	22d. ADDRESS		
NAME (Typo) William F. Pearce	2105 N. Charles St. Balto., Md.		
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C			
Burial 3-19-62 Holy Redeem	mer Baltimore Md.		
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE		
H.W. Jenkins & Sons Co. 4905 York Re	d.BaltooATE MAR 2 0 '62		
7,37	U. Dal broke work & U 521		

7.5 ** 11 . The 17th 1-1 about 5 5005 The Reserve Company of the second TWELLIE SECTION OF THE PROPERTY OF THE PROPERT M.W. Wedding he Song Co. 1 - 05 York Md. and Son Williams, W. M.

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before admission) e. COUNTY b. COUNTY Baltimore Maryland MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) in by write RURAL and give nearest town) 2 yrs. Baltimore Towson d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS 3614 Northwayx Drive Stella Maris Hospice completely 3. NAME OF Middle 4. DATE DECEASED OF (Type or print) DEATH Huber March 70 Marv and cor 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR 5. SEX 8. DATE OF BIRTH last birthday) Months Devs WIDOWED A DIVORCED physician 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Baltimore, Maryland U.S.A. Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending pl 2. Anna Janson Henry Dietz 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address moval, (Yes, no, or unkown) | (Ifyes give wer or detes of service) Admission records None 1B. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).) PART I. DEATH WAS CAUSED BY: assular Collapse IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (b) geve rise to immediate ceuse DUE TO (a), steting the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 20e. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING _ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) Month, Dey, Year factory, street, office bldg., etc.) While Not While Hour a.m. et work et work p.m. 21. I certify that (I) (this hospital) attended the deceased from Sept March , 1962, that (I) (we) last saw the deceased alive on... 22e. SIGNATURE ATTENDING DIRECTOR PHYS. PHYS. FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 602 E. Joppa Rd. Robert Mahon, M.D. director, the filed was 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 4600 BELLAIR H 250. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FLINERAL DIRECTOR'S SIGNATURE VR A15 (4) arthur & Thrue THO BELAIR 15M 9/60 RA) DATE

death certificate

requires that the

MARYLAND STATE DEPARTMENT OF HEALTH

. IS RESIDENCE ON A FARM?

YES NO

62

Min.

Yeer

19

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO T

> > (State)

22b. DATE

SIGNED

IF UNDER 24 HRS.

6 14 -65 Hours 200 Sheet Till Bill Ash Ash Call

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 02836 plnods 1. PLACE OF DEATH a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) owson = filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS Raven Blvd. completely 3. NAME OF Middle DECEASED OF (Typa or print) DEATH 6. COLOR OR RACE 7. MARRIED B. DATE OF 5. SEX AGE (In years | IF UNDER 1 YEAR last birthday) emale WIDOWEDS DIVORCED physician 1Da. USUAL OCCUPATION (Give kind of work (County & Steta, or foreign country) dona during most of working life, evan if retired) Housework 14. MOTHER'S MAIDEN NAME attending pl Then please 13. FATHER'S NAME 2 Mary Jane Harris and ohn Hancock WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 Addrass moval, (Yas, no, or unkown) | (Ifyas giva war or datas of sarvica) same 18. CAUSE OF DEATH [Enter only ona cause per-time for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) gava rise to Immadiate cause (a), stating the underlying causa last. 8 0 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 2Db. DESCRIBE HOW INJURY OCCURID, (Enter nature of injury in Part I or Part II of itam MEDICAL 20d. INJURY OCCURRED | 2Da. PLACE OF INJURY (Home, farm, ' 20f. (City or town) 2Dc. TIME OF INJURY Month, Day, Year factory, straet, office bldg. etc. Not Whil Whila Hour a.m. at work at work 21. i certify that (I) (this hospital) attended the deceased from and that death the causes and on the date stated above. ATTENDING PHYS. M.D. death. Page 4 ADDRES: director, be filed 23c. NAME OF CEMETERY OR 23a. BURIAL, CREMATION. 23b. DATE THEREOF CREMATORY REMOVAL (Spacify) Baltimore, TO Moreland Mem. ouria 25a, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE

RYLAND STATE DEPARTMENT OF HEALTH

IF UNDER 24 HRS.

INTERVAL BETWEEN ONSET AND DEATH

> UTOPSY PERFORMED?

> > NO I

2. USUAL RESIDENCE (Where deceased lived, If institution; Rasidanca bafora admission) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

> a. IS RESIDENCE ON A FARM? Loch Raven Blvd. YES NO

Year 62 19

Months

12. CITIZEN OF WHAT COUNTRY?

(County) (Stata)

(Stata)

VR A15 (4) 15M 9/60

DATE

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VR A15 (4) 15M 7/61

MADVIAND STATE DEDADTMENT OF HEALTH

	MARILAND STATE DEPARTMENT	OF REALIN
DIVISION OF STATISTICA	L RESEARCH AND RECORDS, 301 W. PRES	TON STREET, BALTIMORE 1, MARYDANO
02837	Item 23 Film G309 3/19/62	TH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Re-	sidence before admission)		
a. COUNTY	a. STATE b. COUNTY			
Baltimore MARYLAND	Maryland			
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL end give nearest lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL end	give neerest town)		
Fort Howard 14 Days	Baltimore 7, Md. 3 VO	1.4		
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	a. IS RESIDENCE ON A FARM?		
Veterans Administration Hospital	2517 Pickwick Road	YES NO		
3. NAME OF First Middle	Lest 4. DATE Month	Dey Yeer		
DECEASED (Type or print) TANDEC CITY IIII	NT.EY DEATH March	19 62		
	DATE OF BIRTH 9. AGE (In years IF UNDER 1 Y			
	last birthday) Months Da	ys Hours Min.		
	ecember 1,1898 63 yrs.			
done during most of working life, even if retired)	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZ	EN OF WHAT COUNTRY?		
	n Mathews, Virginia U. S	5. A.		
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
Andmost U Hunler	izzie Callis			
2223000 0 11 22 22 22 22 22 22 22 22 22 22 22 22		Manufama		
(Yes, no, or unkown) (If yes give war or dates of service)	Hicain Records, VAH, Baltimore 18	Maryland		
Yes WW II 180-12-7760 For	t Howard Division			
18. CAUSÉ OF DEATH [Enter only one cause per line for (e), (b), end (c).]		ONSET AND DEATH		
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) HODGKTN S DISEASE		3 YEARS		
DUE TO		J 111110		
Conditions, if eny, which (b)				
(e), stating the underlying DUE TO				
cause last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(e) 19. WAS AUTOPSY		
The state of the s		PERFORMED?		
5 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED.	(Enter neture of injury in Pert I or Part II of item 18.)	100 [] 110 [11]		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT				
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, farm, ; 20f. (City or town) (Count	y) (Stete)		
Proof a.m.	ry, street, office bldg., etc.)			
	7-h	37		
21. I certify that (h) (this hospital) attended the deceased from	redruary 23 1902, to March 9 , 1904	., that (1) (we) last		
saw the deceased alive on March 9 19 62, and that	death occured at A M, from the causes and on th	e date stated above,		
220. SIGNATURE		22b DATE		
(1) reeman M.	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	3/9/62		
22c. PHYSICIAN'S	22d. ADDRESS	0,71		
IRVING FREEMAN, Chief, Medical Service	VAH, BALTIMORE 18, MD., FORT HOW	ARD DIVISION		
23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C	OR CREMATORY 23d. LOCATION (City, town or county)	(Stete)		
REMOVAL (Specify)	onal Cemetery Arlington Virg	inia		
24 ENERAL PIRECTOR'S ESPANSIVALIACION ADDRESSOO Lib	erty			
Ellsworth Armacost Funeral Home Hgts. Ba	TOO. Mr. I MY 1 & OS I COCCUM! 21.			

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RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH directar, filed with 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH a. COUNTY a. STATE b. COUNTY filed MARYLAND LTIMORE funeral b. CITY OR TOWN (If autside corparate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) pe RURAL and give nearest tawn) shauld LLERTON ULLERTON e. IS RESIDENCE d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS ON A FARM? OR INSTITUTION YES NO I 5 4. DATE Manth Year NAME OF First Middle Last filled DECEASED OF DEATH 19 (Type ar print) 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH 7. MARRIED NEVER MARRIED campletely Manths Days Haurs after DIVORCED WIDOWED [10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? popod during most of working life, even if retired) ond pan 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Ö law requires that the death certificate physici 17. INFORMANT Address ARMED FORCES? 16. SOCIAL SECURITY NO ttending INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter anly one cause per line far (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Emen . arcin one ō IMMEDIATE CAUSE (a) DUE TO P Ednes Carcinomen et ovarien permit. Canditians, if any, which been signed gave rise to immediate DUE TO cause (a), stating the underlying cause last. burial-transit 5 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO has 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) certificate (State) 20c. TIME OF INJURY Manth, Day, Year 20e. PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) (Caunty) 20d. INJURY OCCURRED factory, street, affice bldg., etc.) Haur a. m. While Nat while at wark at wark p. m. 19 62 that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram. 19 and that death accurred aff 3 M, fram the causes and an the date stated above saw the deceased alive an may be remined by most property of FUNERAL DIRECTOR: 22a. SIGNATURE ATTENDING M.D. DIRECTOR | OR 22d. ADDRESS 22c. PHYSICIAN'S 3 shauld NAME (Type) page 3 sh the State 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, tawn, ar caunty) (State) 23a. BURIAL CREMATION, REMOVAL (Specify) 0 25b. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR 24 JUNERAL DIRECTOR'S SIGNATURE ADDRESS arthur S. Trans DATE MAR 3 0 '62 VR A15 (4) 15M 9/59

ESDECTION STRUCTURED - PERSONAL THE PARTY TOWNS IN STAND THOSE ENGRIPTE THE MANY THAT I THAT THE 100 EVE 1 THE MARK LIFE FORT FROM SECRET WILL A CHARLES AND A CONTROL OF THE CONTR THE THE PLEASURE SHATOMER SON BONDERS IN The state of the s

ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

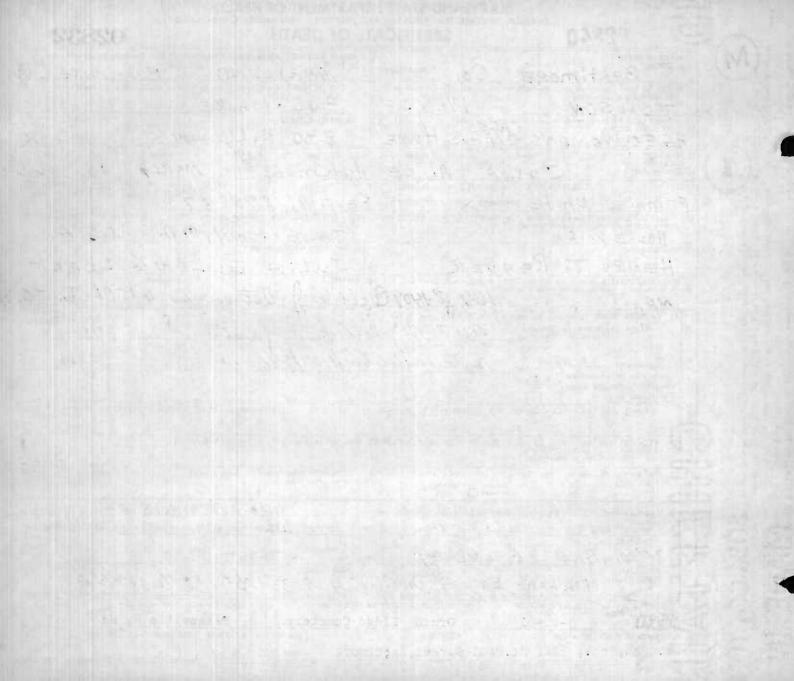
02839 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) I. PLACE OF DEATH a. COUNTY b. COUNTY MARYLAND Balto. Baltimore Maryland b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) RURAL and give nearest town) Catonsville Towson yrs. e. IS RESIDENCE d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS ON A FARM? OR INSTITUTION 325 Waveland Road YES NO Stella Maris Hospice 4. DATE NAME OF DECEASED First Middle Month Isabel Hunter DEATH March Jean 19 (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH 9. AGE (In years 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last biethday) Manths Days Haurs W DIVORCED [WIDOWED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Maryland Saleslady 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Anna Bean Alexander Hunter 17. INFORMANT Address 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 218-07-00L7 Admission records INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and, (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Canditians, if ony, which gove rise to immediate DUE TO cause (o), stoting the underlying couse last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES TI NO D 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY (State) 20e. PLACE OF INJURY (Hame, farm, Doy, Year 20d. INJURY OCCURRED foctory, street, affice bldg., etc.) Haur a. m. While Nat while ot wark ot work p. m. 21. I certify that (1) (this haspital) attended the deceased fram.__Sept___ March ___, 1962_, that (I) (we) last saw the deceased alive an March 24 19 62 and that death accurred a 55M, fram the causes and an the date stated above. 22a. SIGNATURE SIGNED ATTENDING PHYS. MED. DIRECTOR over 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 602 E. Joppa Rd. Mah on Robert 23d. LOCATION (City, Iown, or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) Cemetery Baltimore County 25b. REGISTRAR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR DATE MAR 2 9 '62 Circhur & House

0 15M 9/59

FUNERAL I

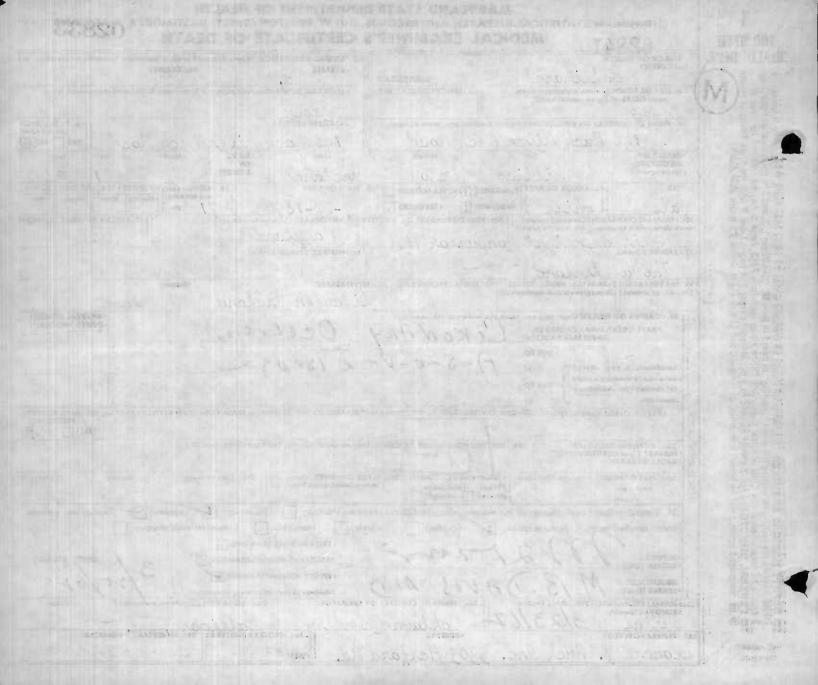
page 3 shauld the State Board

ESSERVED. , DEGR AT ACT OF A STATE man A James Er DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND



301 W. PRESTON STREET, BALTIMORE 1, MARYL PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) . COUNTY nould be executed within 24 hours after death. If any delay is necessary, if in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page Office along with form PM3. Page 5 may be retained for your files. burial-transit permit. File pages 1 and 2 with the State Board of Health, movel, and In any event within 72 hours after death. e. STATE b. COUNTY timore HIMOFE Da. MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) write RURAL and give naerast town) Mex ssex d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? Back River Neck River Nec Back YES NO NAME OF DECEASED OF (Type or print) DEATH 19 IF UNDER 24 HRS. 5. SEX AGE (In Years I IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED last birthday) Months Min. WIDOWED DIVORCED ma 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY dona during most of working life, even if retired) Setireo 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown homas This certificate should be executed within U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or detay of service) same 18. CAUSE OF DEATH [Enter only one cause sen line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO removal, Conditions, if any, which please execute the certificate, writing the word "pending" 4 should be forwarded to the Chief Medical Examiner's C **FUNERAL DIRECTOR**: Page 3 should be used as a bor its designated agent, prior to burial, cremation, or rem gave rise to immadiata cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 1 19. WAS AUTOPSY CERTIFICATION PERFORMED? 20a. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part f or Part fl of Item 18.) PRIMARY | or CONTRIBUTING CAUSE OF DEATH. MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm,) 20f. (City or fown) 20c. TIME OF INJURY Month, Day, Year (County) (State) factory, street, office bldg., atc.) While Not Whife Hour a.m. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection L Inquiry and in my opinion Undetermined manner death resulted from: Natural causes Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county) 22¢, NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION, THEREOF 22d. LOCATION (City, town, on country) (State) REMOVAL (Specify) ouria 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR ADDRESS VS. AISME arthur & thouse 5M 9/60

EPARTMENT OF HEALTH



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) e. COUNTY b. COUNTY c. CITY OR TOWN (If outsi year d. NAME d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO DECEASED 5. SEX AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED est birthdey) Months DIVORCED 12. CITIZEN OF WHAT COUNTRY 13. FATHER'S NAM 16. SOCIAL SECURITY NO. ARMED FORCES? 17. INBORMANT 18. CAUSE OF DEATH Enter only one cause per line for (e), (b) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Condes Gaserlo Ö geve rise to immediate cause DUE TO (e), steting the underlying cause lest. 19. WAS AUTOPSY PERFORMED? NO I 20 EXTERNAL CAUSE WAS DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury in Pert I or Pert II of item 18.) or CONTRIBUTING CAUSE OF DEATH. 20e. PKACE OF INJURY (Home, ferm, Month, Dey, Year 2Dd. INJURY OCCURRED 2Df. (City or town) (State) actory, street, office bldg., etc.) 21. I certify that I took charge of the remains described above, held an Autopsy | , Inspection Inquiry | and in my opinion Accident | death resulted from: Suicide Homicide Undetermined manner Natural causes CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER should be for DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) please 4 shoul CEMETERY OR CREMATORY 22e. BURIAL, CREMATION, REMOVAL (Specify) 6 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME and L. Through 5M 7/59

4. Buckeyer to the state of the state of Ca Carry Wille Spend Sheet Store To for the the March Rock Hole the Calack December of the Comment Fee 161 - 10 - 10 - 10 - 1618 - 17 - 10 - 1618 - 17 -Here only from the transfer to the the state of The same Town and Succession of the parties actions where the tour of the start discover the whole distance fraction to the time according and a second of the second of the second 1-12 60 1 St. fortist CEOS W KIEFFERME

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached for use as the burial, cremation, or removal, and in any event, within 72 hours after dearn. Athin 24 hours after TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execut TO HO

15M 7 61

TH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02835

1. PLACE OF DEATH a. COUNTY			E (Where deceased lived, If		ce before admission)
Balto. Co.	MARYLAND	e. STATE M	d b. cou	Balto	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Carney	c. LENGTH OF STAY IN 16 25 Yrs	c. city or town (if Carney	outsida corporate limits, wri	a RURAL and give i	nearast lown)
d. NAME OF HOSPITAL OR INSTITUTION (if not in he	ospital, give street address)	d. STREET ADDRESS			. IS RESIDENCE
8910 Emla Avenue		8910 Em	la Avenue		YES NO X
3. NAME OF First	Middle	Last	4. DATE Mont	h Dey	Yeer
(Type or print) Mary		.eger	of death 3	9	1962
Female 6. COLOR OR RACE 7. MARR White WIDOW	4.0	11-28-1887	9. AGE (In years last birthday)	Months Days	Hours Min.
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Housewife	KIND OF BUSINESS OR INDUSTR		& Stete, or foreign country ty Maryland	US A	F WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME		
George Siegmund		Augusta	Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yas, no, or unknown) (Ifyesgivawarordatasofservice)		INFORMANT Mr Carroll Ja	Addres eger 8910 En	nla Ave (34)
18. CAUSE OF DEATH Enter only one cause per		- 1 1	79-		ERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	Myocarde	al dage	nevalion	L ON	18 MOS
Conditions, if eny, which gave rise to immadiate cause (e), stating the underlying cause last.	Typertense Cordic	ve arey	oscholic		loys
PART II. OTHER SIGNIFICANT CONDITIONS CO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR	A	ort fall	AL DISEASE CONDITION GI		9. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)	ESORIBE HOW INJURY OCCUPED	. (Enter neture of injury in Pa	art I or Pert II of item 18.)		
Hour a.m. Whi	I. INJURY OCCURRED 200. PL/ ile Not White fac ork of work	CE OF INJURY (Home, farm, tory street, office bldg		(County)	(Stete)
21. I certify that (I) (this hopital) attended to the deceased ave on		teath occured at/.2	from the causes	and on the da	ate stated above.
22e. SIGNATURE / House	, ,	A.D. PHYS. DI	ED. STAFF	1 1	3/10/62
22c. PHYSICIAN'S FRANK T	KASIK.	22d. ADDRESS	705 Ha	ford	
23a, BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Burial 3-12-1962	Moreland Men		Baltomore	141	(Stete) aryland
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'	D BY REGISTRAR 256. RI	GISTRAR'S SIGNA	TURE
Lassahn Funeral Hom	- 7401 Balan	Road DATE MA	R 1 2 '62 C	Inthus S. Kra	us
SA CHANGE AND AND THE STATE OF	- 1011030				

. . . . Hayle to see a doll con to be a THINKT CHEK The wind was of it is the world in mark when with MARYLAND STATE DEPARTMENT OF HEALTH

CALLAD TECNISE CITY CONSTRUCT THE OWNER OF THE PROPERTY OF THE PARTY OF TH Die de Gerren Control Bathand, Inlyn, and I Control of Coffiged Avilling of Lagrange Commence Experience particle at the wind of the THE STATE OF THE BUTTON The state of the s

death. Page 4 may be retained by the hospital or attending physician.

Yes IO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral of rector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. Pithin 24 hours after TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

TO HO

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 02837

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
Baltimore MARYLAND	a. STATE b. COUNTY
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	Maryland
write RURAL and give nearest lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Fort Howard 5 Days	Baltimore 13 3V01-4
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS a. IS RESIDENCE ON A FARM?
Veterans Administration Hospital	1706 North Milton Avenue
3. NAME OF First Middle	Last 4. DATE Month Day Year
DECEASED (Type or print)	OF DEATH 10 Co
ROBIN R.	JOHNSON March 19 19 62 Date Of BIRTH 19, AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
7. MAKKIED X NEVER MARRIED	last birthdey) Months Days Hours Min.
Male Negro WIDOWED DIVORCED N	November 18,1908 5 3 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Driver Trucking	Cincinnati, Ohio U. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Harry Johnson	Harriett MN: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
(Yes, no, or unkown) (Ifyasgive werordetes of service)	Linical Records, VAH, Baltimore 18, Maryland
Yes WW II 109-10-2796 F	ort Howard Division
	ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRONCHOPNEUMONIA,	DITATEME
DUE TO	
Conditions, if eny, which (b)	
gave rise to immadiata causa	
(e), stating the underlying DUE TO	
(6)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO EMPHYSEMA, OBSTRUCTIVE. 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (FE FITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED? YES NO X
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED	. (Enter neture of injury in Pert I or Pert II of item 18.)
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour e.m. While Not While st work at work	ory, street, office brugs, etc.)
	March 11 1062 + Namah 70 1060 11 100 () 11
21. I certify that (X) (this hospital) attended the deceased from.	
saw the deceased alive on March 19 19 62, and that	death occured atpM, from the causes and on the date stated above.
220. SIGNATURE	ATTENDING MED. STAFF 22b. DATE
Millon Venuleer M	.D. PHYS. DIRECTOR PHYS. 3/20/62
22c. PHYSICIAN'S MITTON CINCOPEDO M. TO	22d. ADDRESS
NAME (Type) MILTON GINSBERG, M.B.	VAH, BALTIMORE 18. MARYLAND. FT. HOWARD DIV
23a. BURIAL, CREMATION, 23b. DATE THERE 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county)
REMOVAL (Specify)	
Burial Baltimore Na	tional Cem. Baltimore 28, Maryland
24 FUNERAL BIRECTOR'S SIGNATURE ADDRESS ADDRESS	
Elroy 0./Wilson, 1000 Brantley Ave., Ba	Ito. 17, Marie MAR 2 7 '62 Chilling & Throng

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TE		0284	46 M	EDICA	L EXAMIN	ER'S CERTIFIC	ATE OF DEAT	H 028	838
	1. 1	LACE OF DEAT COUNTY Ba	ttimore		MARYLA	- CTATE	DENCE (Where deceased lived b. Co	I, If institution: Resider Balti	
M)		o. CITY OR TOWN write RURAL en	(if outside corporete li	mits,	c. LENGTH OF STAY	IN 1b c. CITY OR TO	WN (If outside corporate limits,		
Vi.	-	. NAME OF HOSP	ITAL OR INSTITUTION		ospital, give street address	d. STREET ADD		(20)	e. IS RESIDENCE ON A FARM?
		Ba.J	ltimore Rac				3 MacDill Road		YES NO
		DECEASED (Type or print)	CECI	IL	C.	JONES	4. DATE MOF DEATH Marc	h 8	19 62
	5.	Male	6. COLOR OR RAC	7. MARRI WIDOW	IED NEVER MARRIED	April 14,	last birthde	Months Days	Hours Min.
)			TION (Give kind of wo		KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHPLACE	State or foreign country)	12. CITIZEN C	OF WHAT COUNTRY?
		Laborer			Rubber	North Ca		USA	
	13.	FATHER'S NAME				14. MOTHER'S MA			
	g 20	Cecil	C. Jones S	Sr.		Vera V			
ı			VER IN U.S. ARMED FO (If yes give war or dates o		. SOCIAL SECURITY NO.	17. INFORMANT	Add	ress	
1		No	-		37-54-1862		ones Same		
ı			TH WAS CAUSED BY:	,	line for (e), (b), end (c).]				TERVAL BETWEEN NSET AND DEATH
		971	IMMEDIATE CAUSE (-	Sunshot wou	nd of head			
		Conditions, it an	DUE T	b)					
1		geve rise to Immed	diete ceuse						
ı		(e), steting the cause lest.	underlying	c)					
	CERTIFICATION	PART II. OTHE		-	NTRIBUTING TO DEATH	BUT NOT RELATED TO THE T	erminal disease condition	GIVEN IN PART 1(e)	19. WAS AUTOPSY PERFORMED? YES X NO -
		20a. EXTERNAL C PRIMARY ☑ or CO CAUSE OF DEATH	ONTRIBUTING 🗆		Shot self i		in Part I or Part II of item 18.)		
ı	CAL	20c. TIME OF INJ	URY Month, Dey,	Year 20d. Whi		De. PLACE OF INJURY (Home factory, street, office bldg	o, ferm, 20f. (City or town)	(County)	(Stete)
	MEDI	Hour e.m.	x 3/8 19	(- -		Road		Balt	o. Md.
		21. I certify t	that I took charge	of the re	mains described abo	ve, held an Autopsy	Inspection , Inc	quiry, and	in my opinion
l		death resulted	from: Natural	causes], Accident .	Suicide X. Homic	ide, Undetermine	manner	
l			MI	0 1	1		CAL EXAMINER		
ı		ACTUAL SIGNATURE	(U hau	les s.	(itty:		MEDICAL EXAMINER		DATE SIGNED
1		EXAMINER'S	a 2 6	1 Dol		DEPUTY ME	DICAL EXAMINER		3/8/62
ŀ	12.00	NAME (Type) BURIAL, CREMATIC	ON, 226. DATE THE	REOF PET	M.D.	Address (SI ERY OR CREMATORY	reet, city, town, or county) 22d. LOCATION (City, t	own, or country)	(State)
	220	BEAL	v)		77.71	2 11			
	22e	REMOVAL (Specify	3/0/62		Willemean	HINAMO HOMA			
-		Removal	3/9/62		ADDRESS	Funeral Home	Greenville, REC'D BY REGISTRAR 246.		URE
	25.	Removal FONERAL DIRECTO	3/9/62	1407		24a	MAR 1 2 '62		

MARYLAND STATE DEPARTMENT OF HEALTH

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Thin 24 hours after led in by the funeral ages 1 and 2 should	's after death.
TO HOSE AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed whim 24 hours after a death. Page 4 may be retained by the hospital or attending physician. S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 should	h the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours a
TO HOSP West Adeath. Page of the director, page	be filed with

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02847 CERTIFICATE OF DEATH 02839

a. COUNTY	2. USUAL RESIDENCE (Where deceesed lived, If institution: Residence before edmission)
Baltimore MARYLAND	a. STATE Md b. COUNTY B
b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town)	c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town)
(arney	X (arney
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS
9631 lenth Ave.	2526 Glencoe Rd. YES NO DK
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) Neil	Cones DEATH 3 16 1962
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B.	
nale white widowed Divorced	1-31-1961 lest birthdey) Months Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Maryland
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edward A. Jones	Charlotte E. DeAtley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Ifyes give weror detes of service)	NFORMANT Address
	dward A. Jones same
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDIAC FAIL	ONSET AND DEATH
1511	****
DUE TO	OF GREAT VESSELS (FROM BIRT
Conditions, if eny, which geve rise to immediate couse	OF GREAT VESSELS (FROM BIRT
(a), steting the underlying DUE TO	
ceusa last. (c)	ALVACA ALVACA
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	YES NO 🔀
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. (Enter neture of injury in Pert I or Pert II of item 18.)
20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. p.m. While Not While facts et work et work	ory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	JAN 31, 19.61, to MARCH 16, 19.62, that (1) (we) last
21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on MARS 1	JAN 31, 1961, to MARCH 16, 1962, that (I) (we) last death occurred at 12 M, from the causes and on the date stated above.
21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on MARCH 10	JAN 31, 19.61, to MARCH 16, 19.62 that (I) (we) last death occurred at 12.2 M, from the causes and on the date stated above. ATTENDING MED. STAFF SIGNED PHYS. DIRECTOR PHYS. March 16, 1962
21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on MARCH 10	JAN 31, 19.61, to MARCH 16, 19.62, that (1) (we) last death occurred at 12.2 M, from the causes and on the date stated above. D. ATTENDING MED. STAFF SIGNED PHYS. March 16, 1962. 22d. ADDRESS
21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on Manch	D. ATTENDING MED. STAFF DIRECTOR PHYS. March 16, 19.12, that (1) (we) last death occurred at 12.2 M, from the causes and on the date stated above. 22b. DATE SIGNED PHYS. March 16, 1962 22d. ADDRESS 1701 York Road, Lutherville, Maryland OR CREMATORY 23d. LOCATION (City, town or county) (State)
21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on MARSH	D. ATTENDING MED. STAFF March 16, 1962 that (1) (we) last death occurred at 122 M, from the causes and on the date stated above. D. ATTENDING MED. STAFF SIGNED PHYS. March 16, 1962 22d. ADDRESS 1701 York Road, Lutherville, Maryland OR CREMATORY 23d. LOCATION (City, town or county) (State)
Hour a.m. p.m. 19 While Not While factor work 19 et work 19 work 21. I certify that (I) (this hospital) attended the deceased from. saw the deceased alive on MARCH. 10	D. ATTENDING MED. STAFF March 16, 19.12 that (I) (we) last death occurred at 12.2 M, from the causes and on the date stated above. D. ATTENDING MED. STAFF SIGNED PHYS. March 16, 1962 22b. DATE SIGNED PHYS. March 16, 1962 22d. ADDRESS 1701 York Road, Lutherville, Maryland OR CREMATORY 23d. LOCATION (City, town or county) (State) MED. STAFF SIGNED SIGNATURE 25b. RECO BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

821385TI CARDING FANANCE FANANCE & SERVICE TO LEAST THE T MARTINE STREET, TREASURE OF MATERIAL AN ALLEMAN TO AN ALLEMAN TO SEE THE SECOND TO SECOND THE SECOND TO SECOND THE hoper . Fin, M.D. 1701 York hond, Inchesylle, Marylend The course of th Leonge and Just 1303 mary one force of the first of

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VR A15 (4)

15M 9/60

1	DIVISION OF STATISTICAL RES	EARCH AND RECORDS	PARTMENT OF HEALT, 301 W. PRESTON STREET, E OF DEATH	
	1. PLACE OF DEATH a. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where de	cessed lived, If institution: Residence before
Te de de la companya	b. CITY OR TOWN (if outside corporeta limits, write RURAL end give neerest town)	c. LENGTH OF STAY IN 16	Spring field	orata limits, write RURAL and give necrest to
age /	d. NAME OF HOSPITAL OR INSTITUTION (if not in	hospitat, giva street address)	d. STREET ADDRESS	a. IS

NAME OF

DECEASED (Type or print)

13. FATHER'S NAME

CERTIFICATION

MEDICAL

10e. USUAL OCCUPATION (Give kind of work

Conditions, if any, which

geva rise to immediate ceuse

(a), stating the underlying

20c. TIME OF INJURY

Hour a.m.

22e. SIGNATURE

p.m

24 FUNERAL DIRECTOR'S SIGNATURE

Wm. Cook, Inc.

200. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

saw the deceased alive on Mar

23e. BURIAL, CREMATION, 23b. DATE THEREOF

done during most of working life, even it retired)

DEATH WAS CAUSED BY

1 ason10

6. COLOR OR RACE 7. MARRIED NEVER MARRIED

WIDOWED Y

Whila

21. I certify that (1) (this hospital) attended the deceased from Co

Mar. 12, 1962

at work

15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFO

18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c)

DUE TO

DUE TO

Month, Dey, Yeer

(b)

(c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE

Middle

DIVORCED

14.

factory, s

10b. KIND OF BUSINESS OR INDUSTRY

20b. DESCRIBE HOW INJURY OCCURED, (Ent

Not While

et work

20d. INJURY OCCURRED | 20e, PLACE O

23c. NAME OF CEMETERY OR C

ADDRESS

1217 St. Paul St.

Mt. Olivet

INDE.I					YES _	NO.
Last	4. DATE	Month		Dey	Yeer	
ones	OF DEATH	Mar	ah	9	19	62
TE OF BIRTH	9.	AGE (In yeers	IF UNDER	1 YEAR	IF UNDER	24 HRS.
19, 182	1	last birthdey)	Months	Deys	Hours	Min.
BIRTHPLACE (Cou	nty & State, or for	reign country)	12. C	ITIZEN O	F WHAT C	OUNTRY?
Batto. Co	ty, 1901		1	154	1.	
MOTHER'S MAIDEN	NAME					
	11 2001	2				
RMANT		Address			4	
anic Hon	ne Recov	de, Co	Kay.	cu!	le, M	d.
				INI	ERVAL BET ISET AND D	DEATH
eardio-	vascular	dis vus	2		years	J.
					J	
ATED TO THE TERMI	NAL DISEASE CO	ONDITION GIVE	EN IN PA	RT 1(a) 1	9. WAS A	UTOPSY RMED?
						NO T
er nature of injury in	Part I or Part II o	f Item 18.)		1		-
F INJURY (Home, fer	m 1 206 (City o	u tarrat	10.	ounty)		(State)
traat, office bldg., etc		or sown)	100	ouniy)		(State)
		2				
ct.	1961, tol.	nanch	19	621	hat (1) (we) las
th occured at.	30,8 from	the causes	and on	the d	ata states	d above
III Occurdo Ba	, 110111	illo causes i	011	Ille de		DATE
ATTENDING	MED. DIRECTOR	STAFF			3/0/	SIGNED
	DIRECTOR LIP	PHYS.			79/	62
22d. ADDRESS	nille,	MI				
Cockeys						
REMATORY		ION (City, tow			(St	ate)
	Fre	derick	, Mo	1.		
25a. RE	C'D BY REGISTRA		SISTRAR'S	SIGNA	TURE	
	MAR 1 3 '		Chille	78		
DATE		1				

2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) b. COUNTY

c. CITY OR TOWN (If outside corporata limits, write RURAL and give neerest town)

162 = 0100 == 1

* ,* 118 1181 wast Coex you the sent Type 183 E Please of St. Maryland Passers France Reiller of Herri Dec 19 1495 1 1495 PORCE LANGE Burre Coar Till I Encope F. Parspersy great the stand The state of the s Sivisi ... 13, 1952 Nr. Glivet with print mapping MA. COOK, Lac. 1217 St., Bell St. and Charle

TO HO

VR A15 (4) 1SM 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

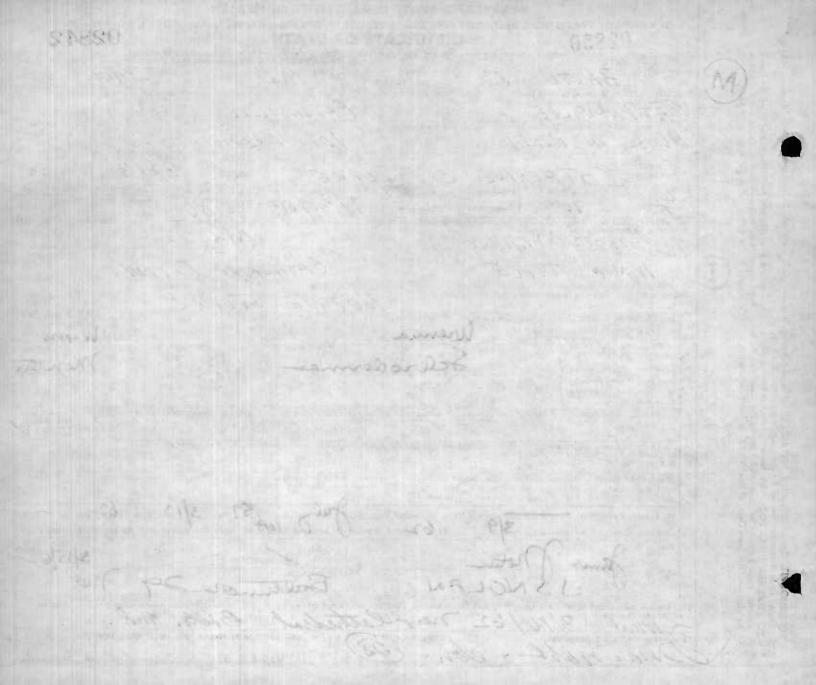
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE CERTIFICATE OF DEATH

1. PLACE OF DEF	ATH				nstitution: Residence before admission)
		MARYLAND	a. STATE	b. COUNT	Do I de descension
B. CITY OR YOW	N (if outside corporata limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (di outside corporate limits, write	RURAL and give nearest town)
Fort How	and dias neglest town)	20 Days	X Kingsvil		
d. NAME OF HO	SPITAL OR INSTITUTION (if not in		d. STREET ADDRESS		e. IS RESIDENCE
Veterans	Administration :	Hospital	US Routs	1	YES NO
3. NAME OF DECEASED	First	Middle	Last	4. DATE Month	Day Yeer
(Typa or print)	PERCY		ORDAN	DEATHMarch 30	, 1962
5. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED 8	, DATE OF BIRTH	9. AGE (In years I	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
Male	HILL OC	WED DIVORCED	March 25,189		Months Days Hours Min.
	ATION (Give kind of work working life, even if retired)	. KIND OF BUSINESS OR INDUSTR		ty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Truck Dri	ver-Retined	Trucking	Calais, Mai	ine	U. S. A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
Unknown			Jennie Smit	h	
	EVER IN U.S. ARMED FORCES?	6. SOCIAL SECURITY NO. 17.	NFORMANT	Address	re 18, Maryland
Yes	WW I		ort Howard Di		re 10, Maryland
	F DEATH [Enter only one cause po	er line for (e), (b), and (c).]	o Howard Di	ATOTOH	ONSET AND DEATH
PART I. DE	IMMEDIATE CAUSE (a) U	REMIA			1 MONTH
17	DUE TO				Plı
Conditions, if a	ony, which (b)	RANSITIONAL CARC	INOMA OF BLA	DDER	6 MONTHS =
gava rise to imm (a), stating the	DILL TO				
cause last.	(c)				
PART II. OT	HER SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVE	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
FA					YES NO X
OP. CONTRIBUTII	WAS UNDERLYING [20b. E	DESCRIBE HOW INJURY OCCURED	. (Enter natura of injury in I	Part I or Part II of item 18.)	
20c. TIME OF IN Hour a.m	m. W		CE OF INJURY (Home, farm ory, street, office bldg., atc.		(County) (State)
	that 🕦 (this hospital) att		March 10		, 19.62 that (We) last
saw the dec	eased alive on March	30 19.62, and that	death occured atA	M, from the causes a	and on the date stated above;
22a. SIGNATUR	RE O		ATTENDING A	MED. STAFF	22b. DATE
YY	Illon De	usberg "	.D. PHYS. D	DIRECTOR PHYS.	3/39/62
22c. PHYSICIAN NAME (Ty	(pe) ACU.	ing Chief	22d. ADDRESS		
	INSBERY, M.D. Sur			18 MD.FT HOWARI	
REMOVAL (Spec		Baltimore Nat		23d. LOCATION (City, lowerry Baltimore	n or county) (State) 28, Maryland
Burial 24 FUNERAL DIRECT	IOR'S SIGNATURE	ADDRESS		DELTO LINGIE	
					illian S. Thrus
WILL COOK-E	light, Inc., 6009	Harrord Nu., Dar	. Thatter i		

1 8 8 8 8 8 Recon Ca, 200's Column, 1845. Atting though arin To are Approved to the state of the st 9: 10:100 S6 . 00 46:100 This malroa HOSE NEU ANTENN ES ANT EN COUNT MEUT CONTRACTOR DE MONTE LE MONTE DE MONTE colege of the second colesion of the second The first of the collection that the collection is a second to the collection of the

		1	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAI	RYLAND
- TO TO		1	02850 CERTIFICATE OF DEATH	12842
affe nerg	1	1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Re	esidence before edmission)
urs 2 sp	M		BALTO CO. MARYLAND C. STATE ML. 6. COUNTY BAL	470
od the			b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)	give neerest town)
24 din b	an	6	ATONEVILLE X	
thin lled ages s aft	70		d, NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	a. IS RESIDENCE ON A FARM?
Y fil		1	TOUSE IN PINES 101 INGLESIDE AVE,	YES NO
uted letel pers 72 h			NAME OF First Middle Last 4. DATE Month OF 0/15	Dey Yeer
comp comp on pa			(Type or print) CALAERINE C. YOPEE DEATH 3/13	1960 2
d co		5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1)	YEAR IF UNDER 24 HRS.
n an cal		10-	7 WHOWED DIVORCED 1/30/6// 1882 60 yrs.	
ifica icial iove		do	USUAL OCCUPATION (Give kind of work ne during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZ	ZEN OF WHAT COUNTRY?
cert phys ren any		12	FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
ath ng p	T	13.	WMN. JOHNE CATHERINE FLYNW	
de de no la	T	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17, INFORMANT Address	
atte Ther Val,			s, no, or unkown) (Ifyesgivewerordelesofservice)	
that n. the it. emo			18. CAUSE OF DEATH [Enter only one ceuse per ling for (e), (b), end (c).]	INTERVAL BETWEEN
icia by erm or r			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (B) Wreme	ONSET AND DEATH
on,			DUE TO	
ng ng r sig			Conditions, if eny, which (b) Iclero derma	monters
endi endi beel rial- cre			geve rise to immediate cause (e), stating the underlying DUE TO	
has has burial,			couse lest. (c)	
AN.	Λ	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?
Spite	0	CATI		YES NO
ho ho cer cer price		CERTIF	20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter netura of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH	
this defe			(IF EITHER, NOTIFY MEDICAL EXAMINER)	
ING I by After Ache		DICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, ferm, 20f. (City or town) (Coun factory, street, office bldg., etc.)	oty) (Slala)
R: A det		MEDI	p.m. 19 et work et work	
De Coe				that (I) (we) last
EC ould			saw the deceased alive on 19.62, and that death occuped al.97. M, from the causes and on the	ne date stated above. 22b. DATE
OR OR MAY		18	22e. SIGNATORE ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	SIGNED
AL AL	,		22c, PHYSICIAN'S 22d ADDRESS	3/13/62
Pag Pag Wil	- 1		NAME (1/00) JSNOLAN BULLINGO 29	mel
HOSI sith. Pun. ector,			BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)) (Stata)
Geat Geat		12	MEMOVAL (Specify 3/16/62 Trew-lathedral Bilts. Ind.	
VR A15 (4)	A	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 256. REGISTRAR'S S	HIGNATURE
15M 9/60	ME	1	man nabb + Son (20) DATE AR 1 8 162 Citing 8 +	King
	AD.	-		

MARYLAND STATE DEPARTMENT OF HEALTH



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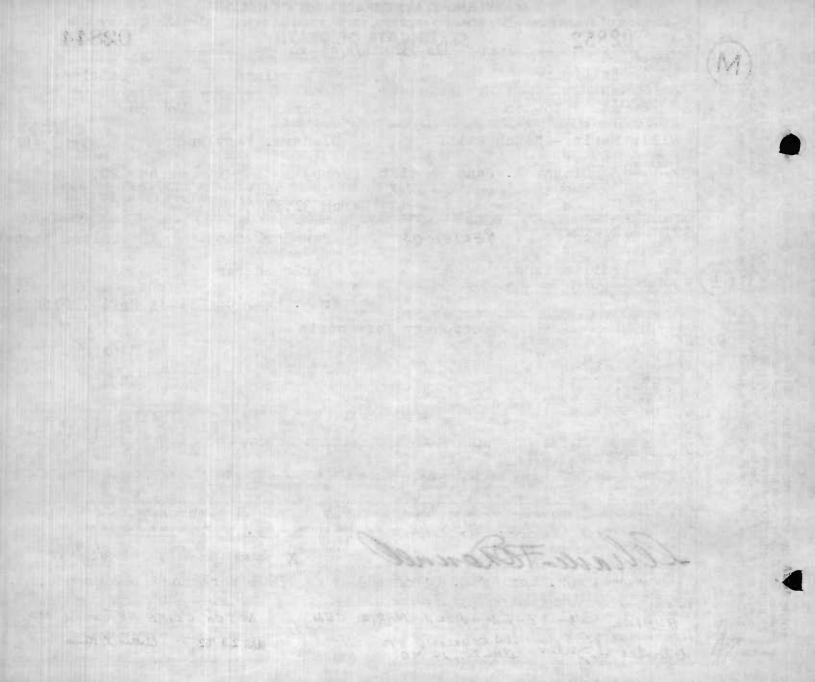
	MARIEMIN SIMIE DELWIN	TEITI OI HEALI	
DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 301 W.	PRESTON STREET,	BALTIMORE 1, MARYLAND
02851	CERTIFICATE OF	DEATH	02843

1. PLACE OF DEATH o. COUNTY // /	2. USUAL RESIDENCE (Where deceased lived, If institutions	
Balting as & MARYLAND	a. STATE MANUE S. COUNTY	Hanne Some
b. CITY OR TOWN if outside corporete limits, / c. LENGTH OF STAY IN 1b	c. CITY OF TOWN (If posside corporate limits, Ville RURAL and	give neerest town)
mile RURAL and give neerest town)	(y lest and	nax-3
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	. IS RESIDENCE
gard Mourial Rd		YES NO NO
3. NAME OF A First Middle	Last 4. DATE Month	Dey Yeer
DECEASED 6	OF DEATH 3 -	7 1.
(Typa or print) Barbara fo	32	3- 1962
5. SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED B.		YEAR IF UNDER 24 HRS. Deys Hours Min.
Temale White WIDOWED DIVORCED	1881 8/ yrs. —	
IDe. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)	11. BIRT PLACE (County & State, or foreign country) 12. CIT	IZEN OF WHAT COUNTRY?
Housevetton Delived.	Letterania Va	Chicania
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT Address	
(Yes, no, or unkown) (Ifyesgivewerordetesofservice)	Cercla -	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	no e i don't	ONSET AND DEATH
IMMEDIATE CAUSE (a)		
DUE TO HIS BOOK TO		
Conditions, if eny, which	6 (00	
gave rise to immediata causa (a), stating the underlying DUE TO		
(a), steting the underlying secuse lest.	21-1010	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	FRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO		YES NO
🖺 🛮 200. ACCIDENT WAS UNDERLYING 🔲 🕴 200. DESCRIBE HOW INJURY OCCURED.	(Enter neture of injury in Part I or Part II of item 18.)	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
20c. TIME OF INJURY Month, Day, Yeer 2Dd. INJURY OCCURRED 2De. PLA	CE OF INJURY (Home, ferm, † 2Df. (City or town) (Cou	nty) (State)
Hour a.m. While Not While	ory, street, office bldg., etc.)	
	1 15 - 163 3 /3	63
21. I certify that (I) (this hospital) attended the deceased from	198 4 100 3/10 3 19	that (I) (we) last
saw the deceased alive on 3.73. 1962 and that	death occured at	
220. SIGNATURE	ATTENDING MED STAFF	22b. DATE SIGNED
J'assire porter of W.		TINOL _
22c. PHYSICIAN'S NAME (Type) STANLEY ANKUDAS	1802 W. Back Back	£33, md
238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERS C	OR CREMATORY 23d. LOCATION (City, town, o count	y) (Stata)
Bules 2 3/17/6 × Most Holy feet	Geneer Belair Rd.	Maryland
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	
Searly W. Aschausher 637 Was	lengton DATE WAR 1 9 62 Cirthun S.	Thrus

Tall to Your State of the state Kines the Fletch Latteran Litterance STERVES THRUDES THE COLLEGE SALES OF Bush Sporter Matthey bediever Brain Red Signing who are the trade and a south the land to be a first to the south the southe

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MARYLAND STATE DEPARTMENT OF HEALTH



TO HOS

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

0284 02845 02853

	1434					
. PLACE OF DEATH			2. USUAL RESIDE			esidence before edmission
	Baltimore	MARYLAND			b. COUNTY Ra1	timore
b. CITY OR TOWN (f outside corporete limits, give nearest town)	c. LENGTH OF STAY IN 1	c. CITY OR TOWN	(If outside corporete lin		
	imore	March Street,	X Polyton			
		ol in hospital, give street eddress)	Baltimo			e. IS RESIDENCE
	l Alletta Ave			etta Avenue		ON A FARM?
NAME OF DECEASED	First	Middle	Lest	4. DATE	Month	Dey Yeer
(Type or print)	XXXXXXX	Aloysius Martin	Keagle, Sr.	DEATH	March	15. 1962
SEX	6. COLOR OR RACE 7.	MARRIED KANEVER MARRIED	8. DATE OF BIRTH		In yeers IF UNDER 1	
male	7 4 .	IDOWED DIVORCED	Sept. 21, 1		yrs.	Deys Hours Min.
. USUAL OCCUPATI	ION (Give kind of work	10b. KIND OF BUSINESS OR INDUS			country) 12. CITI	ZEN OF WHAT COUNTRY
ne during most of wo retire	rking life, even if retired)	Cont. Can. Co.	Maryland	1	11	C A
FATHER'S NAME		Jones Guis 00.	14. MOTHER'S MAIDE		1.0.	S. A.
	William A	Vocalo				
WAS DECEASED FV	William A.	? 16. SOCIAL SECURITY NO. 17	Mabel F.	меек	Address	
s, no, or unkown) (I	fyes give wer or dates of servi	ce)				
no		214-03-4027 H	elen R. Keagl	le, 2111 A1	letta Aven	
		se per line for (e), (b), end (c).	/		11-	ONSET AND DEATH
	H WAS CAUSED BY:	apillary ad	enocarcin	ours los	est	14-Wo
13	O X DUE TO	Indend of	bulmovary	100 to - de	020-	
Conditions, if eny	, which) (b)	waynes q	recurovary	mayarr	ance of	
geve rise to immedi	ete ceuse	Parani	To Oolf	unotes		
(a), stating the unceuse lest.	nderlying DUE TO	() remary see	in, regis	warre)		
	SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT	NOT BELATED TO THE TERM	UNAL DISEASE CONDIT	ION CIVEN IN DART	1(e) 19. WAS AUTOPSY
TAKI II. OTTIEK	SIGNIFICATO CONDITION	TO CONTRIBUTING TO DEATH BOT	NOT RELATED TO THE TERM	MAL DISEASE CONDIT	ON GIVEN IN PAKI	PERFORMED?
						YES NO
OR CONTRIBUTING	S UNDERLYING 20	b. DESCRIBE HOW INJURY OCCUR	ED. (Enter neture of injury in	n Pert I or Pert II of item	18.)	
(IF EITHER, NOTIFY	MEDICAL EXAMINER)					
20c. TIME OF INJU	RY Month, Day, Yeer		LACE OF INJURY (Home, fa	rm, 20f. (City or tow	n) (Coun	nty) (Stete)
Hour e.m.	19	While Not While et work	actory, street, office bldg., e	10.)		
		attended the deceased from	Min . 10	1050 - 110	ich 15 m	67 1 1 10 1 21
		A. 1.219.6.2., and the				
220. SIGNATURE	1-10-	111	1		21	/ 22b. DATE
1.00	Musico	sslegm.	M.D. ATTENDING	MED. STA		16/62 SIGNE
22c. PHYSICIAN'S			22d. ADDRESS			1
NAME (Type)	C. Arthur	Rossberg, M. D.	2436 Wa	ashington B	kvd. #	
BURIAL, CREMATI	ON, 23b. DATE THEREO	23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOCATION	(City, town or county) (State)
REMOVAL (Specify) Burial			ral Comotor			
FUNERAL DIRECTOR		ADDRESS	ral Cemetery	EC'D BY REGISTRAR	re, Maryla	
					IDD. REGISTRAR'S S	NONATURE
loward H. I	Hubbard, 4107	Wilkens Avenue	#29 DATM	AR 1 9 '62	Callyn & f	Tanua

18 A To begin the report of the state of the second of the seco The case of the case of the case of They seems was and make I will 中国企业的企业。 12 mm 14 mm 12 10 820 d. con ear, east maked by child as MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

IN THE STREET OF STREET OF STREET OF STREET, S

FOR STATE HEALTH DEPT please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

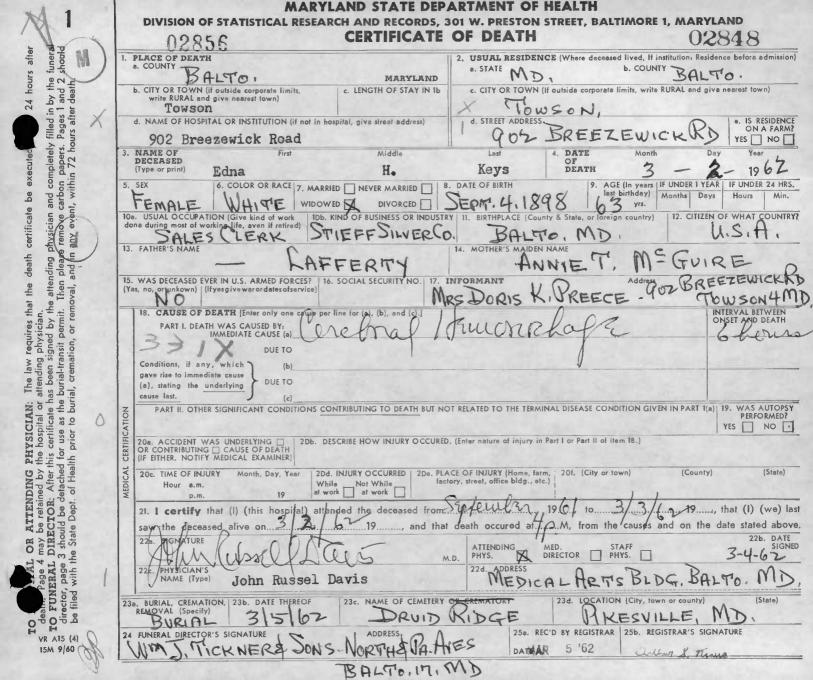
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boarry Explains or its designated agent, prior to burial, or removal, and in any event.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12855 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1284

1. PLACE OF DEATH a. COUNTY Baltimore	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission
MARILAND	Mary Land Baltimore
b. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest lown)
Dundalk 6 Yrs.	X Dundalk
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
Res., 7953 St. Monica Drive 22	7953 St. Monica Dr. 22, Md yes No 2
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Yeer
(Type or print) LEROY BEN JAMIN	KepharT DEATH 3 - 8 - 1962
1 THE MARKET MARKET	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White widowed DIVORCED S	Sept. 5, 1908 Sept. 5, 1908 Sept. 5, 1908 Months Days Hours Min.
	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
Crane Operator Beth. Steel Co	Pa. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown
	NFORMANT Address
Yes, Army, 1925-193016-12-5806 Mrs	1 INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) COFON AYY	OCC14510N ONSET AND DEATH
DUE TO	
Conditions, if any, which (b)	
gave rise to immediata cause	
(a), stating the underlying	
	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	PERFORMED? YES \(\square\) NO
	ntar natura of injury In Part I or Part 11 ol item 18.)
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour e.m. While Not While tector	ry, street, office bldg., etc.)
21. I certify that I took charge of the remains described above, held	d an Autopsy 1 Inspection I Inquiry 1 and in my opinion
death resulted from Natural causes Accident . Suicident . Suicident .	
ACTUAL LA MA Palleys	CHIEF MEDICAL EXAMINER
SIGNATURE HUCKLESCOM	M.D. ASSISTANT MEDICAL EXAMINER
EXAMINER'S SACK C COLLINS	DEPUTY MEDICAL EXAMINER Addrass (Street, city, town, or county)
20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	
Burial Mar. 11, 1962 Dunkard Ce	metery Penn Run, Pennsylvania
23. FUNERAL DIRECTOR ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
JOHN J. DUDA 7922 Wise Ave. 22 Md	MAR 1 4 '02 Centrul & Phone
TALL O. DODA 17CC WISE AVE. 22 WA	A I DAIL

VS. A15ME 5M 9/60 . Dir isa vevil eda sativis (Ris . Cattle



BINESU -92200 TEMPLE WHISE IS & SECTION OF SHARE SALES (TELLE STREETS ALGERING SALES MISS) ESLAS LAFFERTY AND AND ETT METERS 04 THE BOLD STAFF MORE PARTY BEAUTIFUL BEAUTIFUL BOOK and state Dans Roge Messenet Ma White week South the the think the standard the de moras

death. Page

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promising Colone Wille Gray dayson nos lucio I WESTERN March R. 1907 - 10: Machael Mantani Claude V. Mailing, Ovince Hilling Min. OW, MILES PRINTED ermon's Social november in runs 1. Situa d Sons, estatatores, til

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02850

1. PLACE OF DEATH	2. USUAL RESIDENCE (Whara deceased fived, If institution: Residence before edmission)
e. COUNTY Baltimore MARYLAND	a. STATE Mary land b. COUNTY
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
Caton sville 5yr3mth9dys d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	Baltimore 3 VOI 4
SPRING GROVE STATE HOSPITAL	ON A FARM?
	3144 Virginia Avenue #15 YES NO L
3. NAME OF First Middle DECEASED	OF Month Dey feer
(Type or print) Harrison E.	Knight DEATH March 114 1962
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
male white widowed Divorced	March 13. 1872 90 yrs. Months Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
construction eng.	Kentucky U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edward Knight	Lucy Lyons
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT Address
	ecords: SPRING GROVE STATE HOSPITAL
18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Terminal pneumo	nia ONSET AND DEATH
IMIMEDIATE CAOSE (6)	
Conditions, if any, which (b) Arterioscleroti	c heart disease
geva rise to immediate ceusa	
(a), steting the underlying DUE TO	eriosclerosis
(c)	IT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY
FART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATT BUT NO	PERFORMED? YES X NO .
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	. (Enter neture of injury in Part I or Part II of item 18.)
	CE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) ory, street, office bldg., atc.)
21. I certify that XI) (this hospital) attended the deceased from	Dec. 5 1956, to March 14, 1962, that (I) (we) last
	death occured at
22a. SIGNATURE	22b, DATE
Sella Wacheler M	D. ATTENDING MED. STAFF 1944S. 3-15-62
22c. PHYSICIAN'S NAME (Type) Stella Wachsler, M. D.	22d. ADDRESS SPRING GROVE STATE HOSPITAL Catonsville 28, Maryland
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY (REMOVAL (Specify)	
Burial 3-19-62 Lorraine Parl	Cemetery Baltimore, Maryland
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
11m 1 100xlv crater Villenere 1?	MA. DATE MAR 1 9 '62 CIRMIN & Trans

18 10 6 5 4 31st Virginia Avenue di 19 men # STORY STORY The state of the s and in a series Langer Tyong Borrist Caroline hard Constant of Large State Constant Co Man I College Les Contracted of the second o

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND ICAL EXAMINER'S CERTIFICATE HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare deceased lived, If institution; Residence before edmission) e. COUNTY urs after death. If any delay is necessary, s1, 2, and 3 to the funeral director. Page age 5 may be retained for your files. 1 and 2 with the State Board of Health, 72 hours after death. b. COUNTY Baltimore Baltimore County Maryland MARYLAND b. CITY OR TOWN (if outside corporete limits. c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Dundalk Dundalk d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat eddress) d. STREET ADDRESS 1829 Portship 1829 Portship NAMEOF First Middle 4. DATE Month DECEASED OF (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR last birthday) in pencifing within 24 hours after de sg' in pencif in Item 18. Give Pages 1, 2, and so Office along with form PM3. Page 5 may amount transit permit-file Months Male WIDOWED T DIVORCED June 10, 1891 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stele or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) blacksmith pages 1 Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Martin Kowalski Catherine event 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyas giva war or datas of servica) Mrs. Mary Schaffer, 1829 Portshipl 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] Stomach I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) removal DUE TO certificate should Conditions, if eny, which (b) "pending" gave risa to immediate ceuse N D DUE TO 98 (e), sleting the underlying Examiner Medical Examine should be used a rial, cremation, or causa lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19, WAS AUTOPSY CERTIFICATION sase execute the certificate, writing the word should be forwarded to the Chief Medical E. FUNERAL DIRECTOR: Page 3 should be 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH the C. Page 3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, ! 20f. (City or town) fectory, street, office bldg., atc.) MEDI While Not While Hour e.m. prior el work et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry MEDICAL death resulted from: Natural causes Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Typa) Address (Streat, city, lown, or county) 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION. 22b. DATE THEREOF 22d. LOCATION (City, town, or country) REMOVAL (Spacify) Q40 Sacred Heart of Mary Cem. burial 3-19-62 Baltimore Cnty., Md. ADDRESS 23. FUNERAL DIRECTOR 240. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. AISME Ullrich Funeral Home, Dundalk, Md. Only & Traces

LAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE ON A FARM?

YES NO

19 6

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

NO

(State)

and in my opinion

DATE SIGNED

(Stata)

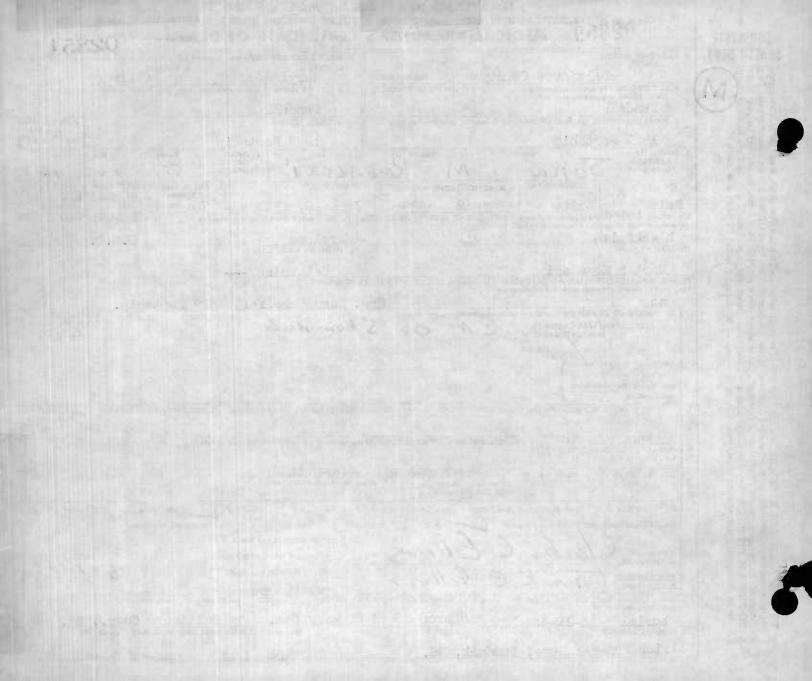
IF UNDER 24 HRS.

Day

U.S.A.

(County)

5M 9/60



PRESTON STREET, BALTIMORE 1, MARYLAND funeral 1. PLAGE OF DEATH 2. USUAL RESIDENCE (Whare daceased lived, If institution; Residence before edmission) MARYLAND (if outside corporate limits, c. LENGTH OF STAY IN 16 (If outside Exporate limits, write RURAL end give nearest town) wive neerest town) .5 Pages filled hours aft a. S RESIDENCE ON A FARM? YES NO W completely NAME OF DECEASED OF DEATH (Typa or print) carbon AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. DATE OF BIRTH MARRIED NEVER MARRIED last birthdey) physician and Months WIDOWED DIVORCED KIND OF BUSINESS OR INDUSTRY SUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? remove BIRTHPLACE (County & State, or lore on country) most of working life, even if retired) 17 - 5 A 13. FATHER'S NAME MOTHER'S please attending 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 1 16. SOCIAL SECURITY NO. 1 17. INFORMANT (Yes, no or unkown) | (If yes give wer or detes of service) INTERVAL SETWEEN 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c).] ONSET AND DEATH signed by PART I. DEATH WAS CAUSED BY IMMEDIATE_CAUSE (e) burial-transit DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (e), steting the underlying the PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 11611 19. WAS AUTOPSY PERFORMED? 95 0 NO 1 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) 20e. ACCIDENT WAS UNDERLYING TI OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) 20c. TIME OF INJURY Month, Day, Yeer factory, street, office bldg., etc.) While Not While Hour a.m. at work et work 19 2 and that death occurred at 2. P.M. from the causes and on the date stated above. saw the deceased alive on. 22e. SIGNATURE ATTENDING DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S VAME OF 23a. BURIAL, CREMATION, TO 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60

YLAND STATE DEPARTMENT OF HEALTH

. Complete Commence of the Comme LA COME TO SECURE TO SEC. AND AT Aug E & SERVININ Marke to 1281 and the market of the Salah Shall 33. 87 PA VARIANTE TOTAL STATES AND STATES OF STATES Chan to he will be at the first of the first

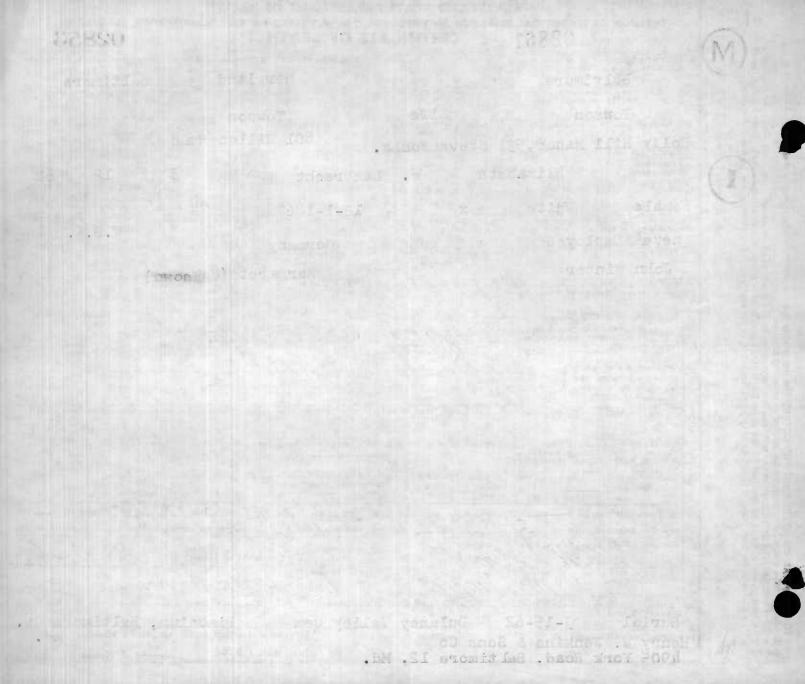
7.4 TO FLOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed in 24 hours after a death and be retained by the hospital or attending physician.

Year May be retained by the hospital or attending physician.

Year May be retained by the hospital or attending physician and completely filled in by the funeral and a second director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 0285302853

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Whara decaasad lived, If institution, Rasidance bafore admission)
Baltimore MARYLAND	* STATE Maryland Baltimore
b. CITY OR TOWN (if outside corporate limits, writa RURAL and give nearast town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Towson Life	Towson
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
Holly Hill Manor, 531 StevensonLa.	801 Hillen Road YES NO
DECEASED Middle	Last 4. DATE Month Day Yaer OF
[(T	ambrecht DEATH 3 12 1962
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
Female White WIDOWED TO DIVORCED	12-1-1867 94 yrs.
done during most of working lifa, aven if ratirad)	RY 11. BIRTHPLACE (County & State, or foraign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A.
never Employed	Germany
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Winter	Margaret (Unknown)
	INFORMANT ?
(Yas, no, or unkown) (Ifyas giva war or dates of sarvice)	
1B. CAUSE OF DEATH [Enter only one cause parties for (a), (b), end (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a)	seal Informon
DUE TO	
Conditions, if any, which \ (b)	
gave risa to Immadiate causa	
(a), stating the underlying DUE TO	
causa last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	YES NO I
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 2 On CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Entar natura of injury in Part I or Part II of item 1B.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PL	ACE OF INJURY (Homa, farm, ' 20f. (City or town) (County) (Stata)
Hour a.m. While Not Whila fac	ctory, street, office bldg., atc.)
p.m. 19 at work at Work	
21. I certify that (I) (this hospital) attended the deceased from.	
saw the deceased alive on 3/12 / 192 and tha	t death occured at 2
22a. SIGNATURE)	22b. DAJE
	ATTENDING DIRECTOR STAFF SIGNED
22c. PHYSICIAN'S NAME (Type) /// MA Can 76	22d. ADDRESS
W-M-MMTH	19303 mullimete 12
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (Stata)
Burial 3-15-62 Dulaney Va	
2 Henry pirector's Signature & Sons Co	256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE Md
4905 York Road, Bal timore 12, Md	DATE MAH 1 6 '62 ming 8. Thous



DIVISION OF STATISTICAL RESEARCH AND RECORDS 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH 02862 funeral USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) hours after PLACE OF DEATH e. COUNTY b. COUNTY Baltimore by the and 2 death. MARYLAND Mary Land b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) write RURAL end give neerest town) ely filled in bris. Pages 1 a hours after c Catonsville hours Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE 513 Stevenson Lane ON A FARM? STATE HOSPITAL YES NO mpletely papers. n 72 ho 3. NAME OF Middle DATE Month Dev Yeer DECEASED 19 62 March (Type or print) Lauer DEATH Mary and comp carbon point, within 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 1871 AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) WIDOWED X female DIVORCED death certificate 10e. USUAL OCCUPATION (Give kind of work attending physician Then please remove 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired any unknown un nown Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Æ Unknown Unknown 16. SOCIAL SECURITY NO. 17. INFORMANT Raymond Mungovan 513 Stevenson La. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) | (Ifyes give wer or dates of service) unknown 1B. CAUSE OF DEATH (Enter only one ceuse per line for (a), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Arteriosclerotic Cardiovascular disease IMMEDIATE CAUSE (e) has been signed e burial-transit po DUE TO Generalized arteriosclerosis if eny, which geve rise to immediate cause DUE TO (e), steting the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY CERTIFICATION PERFORMED? certifica as of NO X use 20e. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DIRECTOR: After thi 3 should be detached f 20e, PLACE OF INJURY (Home, farm, (County) 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20f. (City or town) (Stete) fectory, street, office bldg., etc.) While Not While Hour e.m. at work et work 21. I certify that (1) (this hospital) attended the deceased from Feb. 1 19 62 that (I) (Was last March saw the deceased alive on... 22e. SIGNATURE 22b. DATE ATTENDING SIGNED 3-1-62 PHYS. FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S Loretta Hsu, M. D. NAME (Type) director, I Catonsville 28. Maryland 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) REMOVAL (Specify) Baltimore, Maryland 3/5/62 New Cathedral Cemetery OL Burial 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE WHATURE 127 VR A15 (4) Armacost 4600 Liberty Heights Ave. DATE WAD Cirthur S. Traus

6 '62

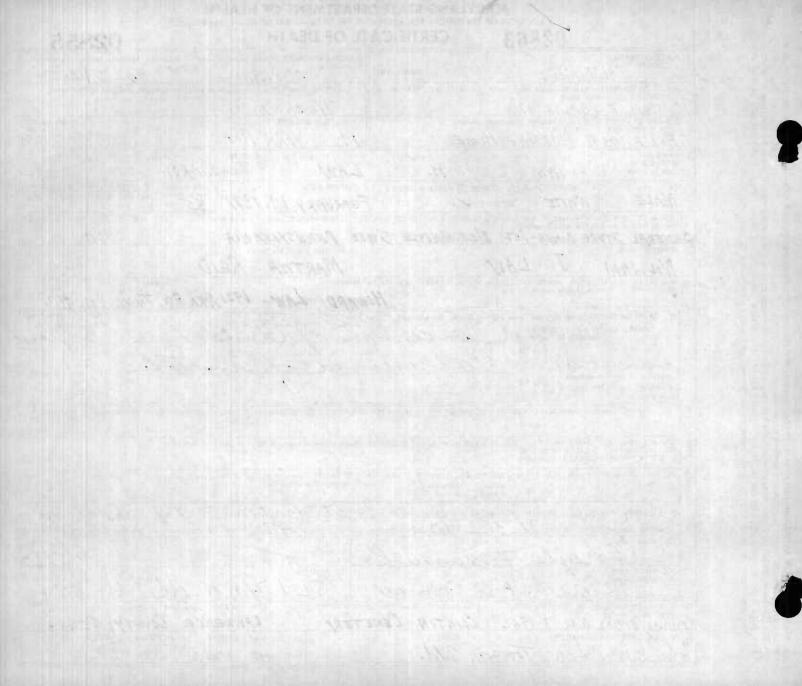
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RYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND **CERTIFICATE OF DEATH** with directar 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed o. COUNTY b. COUNTY MARYLAND LTIMORE b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) be RURAL and give nearest town) 0 DLEWYLDE IMONIUM shau d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? by 12 YES NO F RSING and .= 4. DATE NAME OF First Middle Last Manth Year filled DECEASED (Type ar print) 1962 S. SEX 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthdoy) Months Days Hours WIDOWED 7 DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) and STORE STORE GENERAL 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME .5 with 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO attending death 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL SETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y IMMEDIATE CAUSE (a DUE TO Conditions, if ony, which gned (b) gove rise to immediate DUE TO couse (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRISE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, farm, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) foctory, street, office bldg., etc.) WEDI Hour o. m. While Not while at work at wark p. m 21. I certify that (1) (this haspital vattended the deceased from (9) 2 and that death occurred at TEM, from the causes and an the date stated above saw the deceased alive an 22a. SIGNATURE ATTENDING PHYS. DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town, or county) 23c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) LAWRENCE 24. FUNERAL DIRECTOR'S SIGNATURE 25b. REGISTRAR'S SIGNATURE **ADDRESS** 2Sa. REC'D 8Y REGISTRAR arthur & Thomas 8 '62 DATE 1SM 9/59



CERTIFICATE OF DEATH 02864 funeral 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before PLACE OF DEATH e. COUNTY e. STATE b. COUNTY by the and 2 death. Raltimore MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write KUKAL and give neurest town) c. LENGTH OF STAY IN 16 write RURAL end give neerest town) .5 Baltimore 12 Baltimore. filled ir Pages aff d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 5903 Meadowood Rd YES NO X Mercu Villa completely papers. 3. NAME OF 4. DATE Middle Month DECEASED OF (Typa or print) DEATH 19/1 Groon AGE (In years | IF UNDER 1 YEAR carbon S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. 8. DATE OF BIRTH last birthday) and Months Days Hours WIDOWED V DIVORCED Yrs. move 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME Waruland LISA 14. MOTHER'S MAIDEN NAME Catherine 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no, or unkown) | (If yes give we ror dates of service) Mrs. Virginia McCauley Above 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH CERKBROC 21808480515 g physicial signed by PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) has been signed ne burial-transit p DUE TO WHERE SCIEROSIC Conditions, if eny which (b) geve risa to immediate cause DUE TO (a), steting the underlying icate ha as the b to buria PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? certifi NO use CERTIFIC 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH MEDICA 20c. TIME OF INJURY 20d. INJURY OCCURRED I 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (Stete) Month, Day, Year (County) factory, street, office bldg., etc.) While Not While Hour e.m. et work et work to..... saw the deceased alive on..... 22a. SIGNATUR 22b. DATE ATTENDING. SIGNED DIRECTOR PHYS M.D. FUNERAL 22d. ADDRESS 22c. PHYSICIAT director, be filed 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) REMOVAL (Specify) 0 New Cathedral Burial H 24 FUNERAL DIRECTOR'S SIGNATURE 2Sa. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) Jenkins & Sons Co. 4905 York Rd. Balto. 12 15M 9/60 9 '62 arthur & Hays DATE

requires that the

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1 22 6 F S · LET LES PROPERTIES LE CONTROL DE LE CONTRO SHEET IN THE HOUSE STATE OF THE 21.02 / 54x J83233 -20H 11053 12 65 345 A Z367 35 MATTER COLORED BUILD BUILD 22 2/6 24 2/4 X THE LIE TO THE PORT (MI) SE THE THE I CE YAGUE OF THOSE THE SENTENCE OF SERVICE WAS NOT THE THE WAS TO SERVE TO SERVE TO SERVE THE S

(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY

Haur o. m.

Day, Year 20d. INJURY OCCURRED While

20e. PLACE OF INJURY (Home, form,

20f. (City ar tawn) foctory, street, office bldg., etc.)

(County)

(State)

21. I certify that I attended the deceased fram,

Nat while at work at wark

Merch 15, 1962 that I last saw the deceased

DATE SIGNED

alive an

ACTUAL

and that death accurred at 7:30 M, from the causes and an the date stated above.

ADDRESS (Street, city ar tawn, state) 5530

PHYSICIÁN'S NAME (Type) (

22a. BURIAL CREMATION.

22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, tawn, or caunty)

24b. REGISTRAR'S SIGNATURE

23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

24g. REC'D BY REGISTRAR DATE MAR 1 9 '62

Orthur S. Harre

VS A15 (4) 15M 9/5B

shauld

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the funeral directar, should be filed with after death. Page

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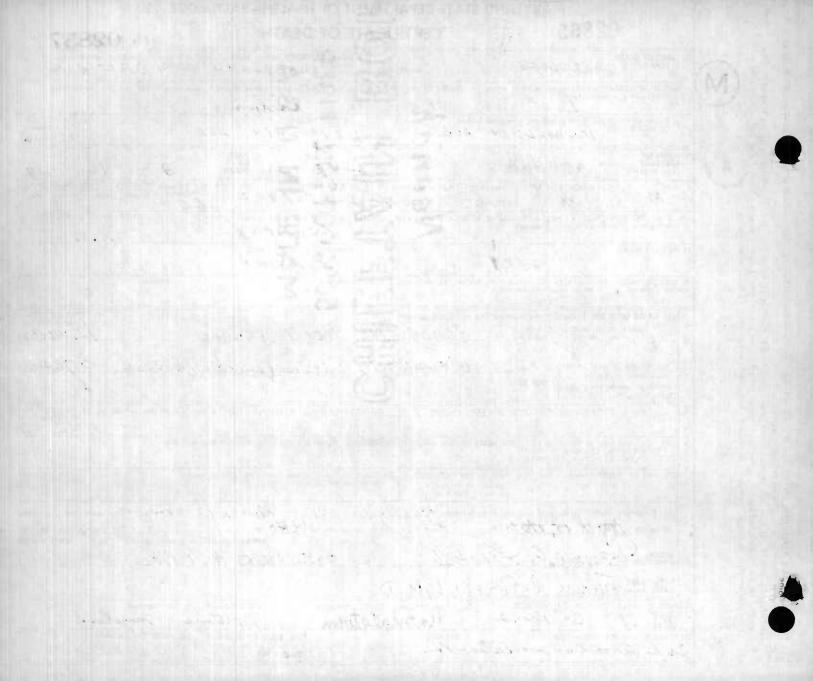
attending p

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requires that the death certificate be executed

pup .=



fter death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02866

CERTIFICATE OF DEATH

				Reg. Dis	102000
n. Place of DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Who o. STATE		COUNTY	imore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give represt town) Catonsville	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or			
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION House in the Pines Nur	rsing Home	d. STREET ADDRESS 2140 Pin	o Avo.	7)	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Walter	Middle Boll	Lost	4. DATE OF DEATH	March March	Doy Yeor 7 19 62
s. sex Male White Widowed	DIVORCED	B. DATE OF BIRTH Feb. 16, 1876	86	n years IF UNDER 1	YEAR IF UNDER 24 HRS. Days Hours Min.
	ind of Business or Industry. S. Governmen:		ar foreign country)	12. CITIZ	ZEN OF WHAT COUNTR
Walter Lewis		14. MOTHER'S MAIDEN N	AME		
		Margaret	Speiss		
(Yes, no. or unknown) (If yes, give wor or dates of service)		of ormant B.J.L.Houst	on 2140	Address Pine Ave	. (7)
1B. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	for (o). (b). and (c).]	lusion -			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to immediate	eterme (V. durens	- Jens	ralized	/
couse (o), stoting the under:	enosellio	sis.			15 years
PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDIT	ION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
(IF EITHER, NOTIFY MEDICAL EXAMINER)	IBE HOW INJURY OCCURRED). (Enter noture of injury in Po	art I ar Part II af item	18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJU Hour o. m. 19 While p. m. 19 ot work [_ Not while	CE OF INJURY (Hame, farm, tory, street, office bldg., etc.)	20f. (City or town)	(Ce	ounty) (State)
21. I certify that I attended the deceased alive an Magnet 19	fram SUNE	-		uses and on the	ast saw the decease e date stated abov DATE/SIGNE
SIGNATURE THOMAS C. NO	weller,	n.D. Nandoli	lotocon	-het -	3/8/62
	ooler				
Eurial 3_9_1962	22c. NAME OF CEMETERY OF Fort Lincol		22d. LOCATION (City Prince G	town, or county)	(Stote) Md.
23 FUNERAL DIRECTOR'S SIGNATURE 320	ADDRESS HOTEL	Que 240. REC'D		b. REGISTRAR'S SIGN	NATURE

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AL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled

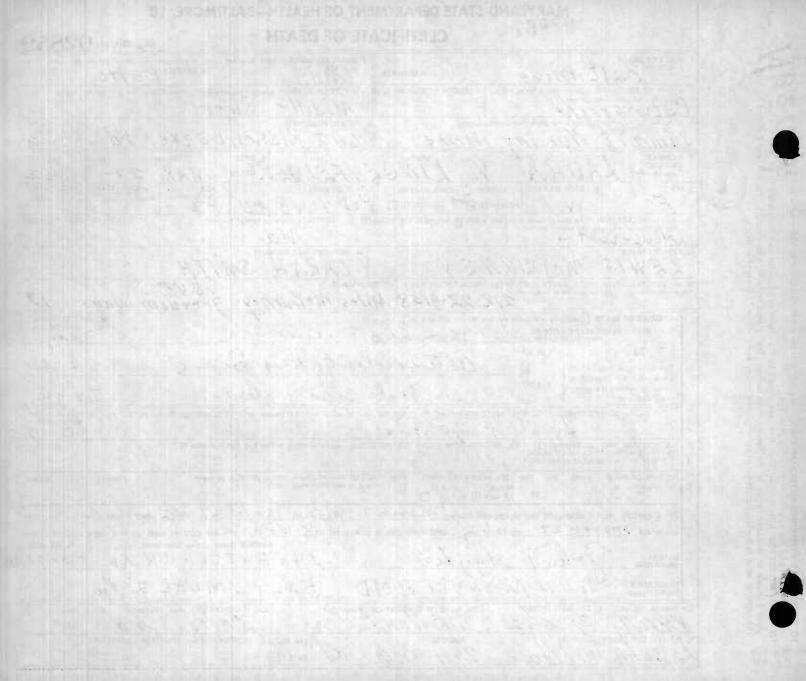
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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

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1	M		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
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ospitol ffer thi d far u		×	21. I certify that I attended the deceased from March 7, 1962 to March 27, 1962 that I last saw the deceased
TTEND the ham of the h			alive on Musich 27, 19 62, and that death accurred at 8:15 P.M., from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED
ned by DIRECT d be d priar t			SIGNATURE John A. Smyder MD. 6348 FREDERICK RD MAR27, A.
RAL RAL ge 3 shoul registrar	-	-	PHYSICIAN'S NAME (Type) NO HN N. SNYDERMD BALTIMORE 28 MD
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X X	19000 CERTIFICATE O	W. PRESTON STREET, BALTIMORE 1, MA	12860
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14	Shing Grove St. Hospial, give street address)	d. STREET ADDRESS 607 Edgewood St	IS RESIDENCE ON A FARM? YES NO
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	George Schmidt 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFOR	ena Brietenbac	h
	(Yes, no, or unkown) (If yes give wer or detes of service) 212-03-1292 Mascan:	ic Home, Cockeysville, Md	
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0	(a), stefing the underlying DUE TO COURSE lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART OF THE PART O	lofy unknown fibrilated	months
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	Hour a.m. p.m. 19 While Not While at work at work	reet, office bldg., atc.)	
	21. I certify that (I) (this hospital) attended the deceased from		that (I) (we) las he date stated above
	Gert mary 7 leischum M.D.	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 222d. ADDRESS	3.4.196
1	23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CR		(State)
0	BURIAL (Specify) 3-7-62 Loudon Park Cem		SIGNATURE
. W	Wm.Cook, Inc., 1217 St.Paul Street, Baltimore	2 DAMAR 6 '62 Chilmy S. M.	Trans

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STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS. 02870 funeral 1. NAME OF DECEASED 2. DATE OF DEATH Frederick R. (Type or Print) by the and 2 death. 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY after (IF NOT IN HOSPITAL OF INSTITUTION, GIVE STREET filled in Pages **FULL NAME OF** ADDRESS OR LOCATION) HOSPITAL OR c. CITY OR TOWN (If outside city limits, write RURAL and give township) hours INSTITUTION papers. n 72 hou completely (hestnut Ave. D. STREET ADDRESS (If rurpl, give location) within carbon B. DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 7. SINGLE, MARRIED, If Under 1 Yr. If Under 24 Hrs. 5. SEX lost birthdoy) pue WIDOWED, DIVORCED (Specify) Months Days Hours Min. event, 1 - 26 - 1male married physician 12. CITIZEN OF WHAT COUNTRY? 1D.A USUAL OCCUPATION (Give kind of work done during most of working life, even 1Ds. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) neen please attending I 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME unknown 15. Was Deceased Ever in U. S. Armed Forces? removal 17. INFORMANT **ADDRESS** 16. SOCIAL (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. attending physician. permit. ò INTERVAL BETWEEN has been signed to CAUSE OF DEAT 18. ONSET AND DEATH cremation, DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.) DUE TO burial, certificate ha **ANTECEDENT CAUSES** DISEASES OR CONDITIONS, IF ANY, GIVING hospital as of RISE TO THE ABOVE CAUSE (A) STATING THE prior UNDERLYING CONDITION LAST. CERTIFICATION 4 may be retained by the ho L DIRECTOR: After this cen 3 3 should be detached for u the State Dept. of Health pri OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PA-1 2D. AUTOPEY? 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 19A. DATE OF OPERATION -4 that (1) (this Kaspital) attended the deceased fram_ that (1) (we) last says the deceased alive an h. Page 4 FUNERAL and that in (my) (aur) apinion death accurred at __m. from the causes and apothe date stated above. director, page be filed with t ADDRESS 23c. DATE SIGNED 23A. SIGNATURE MED. DIRECTOR [] ATTENDING PHYS. STAFF PHYS. (State) 24A. BURIAL, CREMATION, 24b. LOCATION 24s. DATE 24c. NAME OF CEMETERY OR CREMATORY (City, Iown, or county) REMOVAL (Specify) 0 -15 - 62emete VR A15 (4) 25c. FUNERAL DIRECTOR **ADDRESS** 25A. DATE REC'D BY HEALTH DEPT. 25e. NAME OF REGISTRAR 15M 7/61 Chilling & Thatle

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RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02871 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Rasidence before admission) a. COUNTY b. COUNTY by the and 2 death. Baltimore MARYLAND Maryland b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate fimits, write RURAL and give nearest town) write RURAL and give nearest town! 5 Fort Howard Day Baltimore filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 1 completely Veterans Administration Hospital Linden NAME OF DATE Month Day Yaar DECEASED (Type or print) ADOLPH DEATH G. MACKENROTH 19 62 March 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH and last birthday) Months Hours WIDOWED [DIVORCED Male July 18,1896 physician remove 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Stata, or foraign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Shy Laborer Blacksmith Baltimore, Maryland U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME B attending Then please Adolph Mackenroth Elise Hupfeld 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Addrass Clinical Records, (Yas, no, or unkown) | (If yas give were r detes of service) VAH, Baltimore 18, Maryland, Ft. Howard Division none 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: BRONCHOPNEUMONIA IMMEDIATE CAUSE (a) RHEUMATOID ARTHRITIS UNKNOWN Conditions, if any, which gava rise to immediate causa (a), stating the underlying ARTERIOSCLEROTIC HEART DISEASE UNKNOWN the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY as PERFORMED? Cerebral Thrombosis-(Clinical). Diaphragmatic Hernia NO 20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DIRECTOR: After the 3 should be detached MEDICAL 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form 20f. (City or town) (County) factory, streat, office bldg., atc.) While Not While Hour a.m. et work al work 21. I certify that (1) (this hospital) attended the deceased from March 26 1962, to March 27, 19.62 that (1) (we) last saw the deceased alive on March 19.62, and that death occured at 22a. SIGNATURE ATTENDING eth. Page 4 DIRECTOR PHYS. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) ector, THOMAS F. VAH BALTIMORE 18, MARYIAND, FT. HOWARD DIV.

[State]

(State) THOMAS F. CRAHAN M.D. 23c. NAME OF CEMETERY OR CREMATORY O TE REMOVAL (Specify) 3-30-62 Baltimore 28, Maryland Baltimore Naaional Cemetery 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS VR A15 (4) 24 FUNERAL DIRECTOR'S SIGNATURE 15M 7/61 Wm. Cook-Blight, Inc., 6009 Harford Road, Balto 14, Md DATE APR 2 arthur S. Hines.

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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND Baltimore County b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 OR TOWN If outside corporate limits, write RURAL and give nearest It. Wilson, Maryland should d. NAME OF HOSPITAL (If nat in haspital, give street address)
OR INSTITUTION IS RESIDENCE ON A FARM Mt. Wilson State Hospital YES NO NAME OF 4. DATE Middle Day DECEASED (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years by hdoy) Months Days Hours WIDOWED [DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Machine working life, even if retired) a Ice Plant memaur 13. FATHER'S NAME 16. SOCIAL SECURITY NO 17. INFORMANT Hospital Records, Mt. Wilson State Hospital No None 214-03-5764 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). DUE TO Conditions, if any which gove rise to immediate DUE TO cause (o), stating the underō lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY NO [200. ACCIDENT WAS UNDERLYING TI 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED (County) (Stote) Hour a. m foctory, street, office bldg., etc. While Not while of work at work p. m . 19 6. 2 and that death accurred at 2.5 M, from the causes and an the date stated above saw the deceased alive an_ DIRECTOR 22a. SIGNATURE 22b, DATE ATTENDING STAFF PHYS. M.D. PHYS. DIRECTOR | 22c. PHYSICIAN'S 22d. ADDRESS Mt. Wilson State Hospital, Mt. Wilson, Md. Newcomer, M.D., Superintendent FUNERAL 23c. NAME OF CEMEJERY OR CREMAJORY etery 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town, or county) page the St REMOVAL (Specify) Crisfield Cemetery Crisfield, Md. Buria 10 24. FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Crisfield, Md. 15M 9/59

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1		MARYLAND STATE DEPARTMENT OF HEALTH	
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m		PLACE OF DEATH I tem 1 Film 6309 2. USUAL RESIDENCE Where decessed lived, If institution	n: Residence before edmission)
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		OF DECEASED WILLIAM S. MATHERS DEATH MAR.	8, 1962
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		PART I, DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
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		saw the deceased alive on Market 719 Ga, and that death occured at 20M, from the causes and o	n the date stated above.
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death, Page 4 may be retained by the hospital or attending physician.

To row FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon-papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, whin 72 hours after death. within 24 hours after The law requires that the death certificate be exec director, page 3 should be detached for use as the burial-transit permit. Then please remove carbo be filed with the State Dept, of Health prior to burial, cremation, or removal, and in any event, when OR ATTENDING PHYSICIAN:

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

	OF DEATH				2. USUAL	RESIDEN	ICE (Whare d	leceased lived, If i	institution: Reside	nce before edmission
e. COUNT	ſΥ	Baltimo	re	MARYLANI	e. STATI			b. COUN		
b. CITY O write	R TOWN (if out	side corporata limit nearest town)	ts,	c. LENGTH OF STAY IN	b c. CITY	OR TOWN	(If outside con	porete limits, write	RURAL and give	neerest town)
Ba	altimore				Bal	timor	e			
d. NAME	OF HOSPITAL	OR INSTITUTION (f not in hos	pital, giva street address)	d. STREE	ET ADDRESS				. IS RESIDENCE
		Leeds Av	enue		1008	Leed	s Aven	ue		YES NO X
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5. SEX	6.	COLOR OR RACE	7. MARRIE	D NEVER MARRIED	8. DATE OF BI	RTH	5	9. AGE (In yeers last birthday)		IF UNDER 24 HRS.
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OR CON	TRIBUTING [] C	NDERLYING [] AUSE OF DEATH ICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCU	KED. (Enfer neture	of injury in	reri I or Pari	II of Item 18.)		
3 20c. TIA	AE OF INJURY	Month, Dey, Yes	er 20d.	INJURY OCCURRED 20e.	PLACE OF INJURY	(Home, far	m, 20f. (Cit	ty or town)	(County)	(Stata)
ZOc. TIA	our a.m.	19	While at wor		fectory, street, offi	ce blag., er	c.)	1 1		
	p.m.				-		10 6	Mach	(C) 10 6	T (1) ()
		11.4.4		ded the deceased fro	1	1/	19.13.1 10	upperconst		that (I) (we) la
saw th	e deceased	alive on		19.62 and 1	hat death occ	ured at.	CLM, tron	m the causes	and on the	
22e. SIG	GNATURE	1	210	ieffer	M.D. ATTEND		MED. DIRECTOR [STAFF PHYS.	He	22b. DATE SIGNED
	YSICIAN'S	•			22d. Al	DDRESS				
NA	ME (Type)	George	S. M	. Kieffer, M.	D.	101	t Lee	ds Avenu	e #29	
23a 8 R A	CREMATION	23b. DATE THE		23c. NAME OF CEMETE		RY	23d, LOC	CATION (City, tov	vn or county)	(State)
REMOVA	(Spacify)	3/17/6		New Catheo				timore, 1		
			-	ADDRESS	rar ochic		-	STRAR 256. REC		
	DIRECTOR'S S		07 17:	1kens Avenue	#20		MAR 1 9			
nowar	a n. Hur	pard. 41	U/ W1	ikens Avenue	11- 29	DATE	MAK I 9	04 (Tallun & M	distant

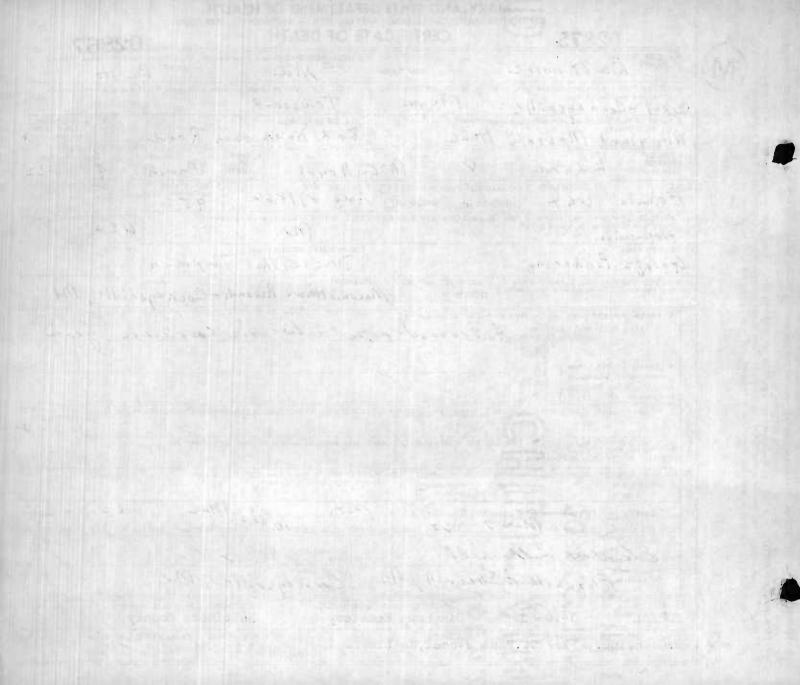
213853 the state of the s Regress, Carlain, Sr., polyman Has distrineule Cardin Congreti-Donatio a war don dinner Hypetime actes places 1010 seales Seales #25 Howard H. Habland, 4107 Hilland Avenue 129 90

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

	028	75	CERTIFICA	ATE OF DEATH		02867
	o. COUNTY Da/	timore	MARYLAND	2. USUAL RESIDENCE (W. o. STATE M.d.	/here deceased lived. If instituti b. COUNTY	
R	b. CITY OR TOWN (If outsice RURAL and give nearest to	lown)	c. LENGTH OF STAY IN 16	C. CITY OR TOWN (IF TOWSON.	outside corporate limits, write R — 4	(URAL and give nearest town)
	d. NAME OF HOSPITAL (IF OR INSTITUTION Maryland /	n /	tone	d. STREET ADDRESS	microsod Rania	e. IS RESIDENCE ON A FARM? YES NO
	(Type of print)	First	V Middle M <	Cull eugh	4. DATE Mon DEATH Market	4 7 1962
S.	Female U	Thit WIDOWE		Aug 6, 18	9 3 yrs.	
	fracescurfe	ve kind of work done 10b. e, even if retired)	KIND OF BUSINESS OR INDU	Ma		12. CITIZEN OF WHAT COUNTRY
4		Kering		Druscil	la Tapma	
	WAS DECEASED EVER IN U	looken to date of service)	social security No. 17.	nformant Naconic Horn & T	Records - Cocke	yer ille, Mer.
	PART I. DEATH WA	Enter only one couse per lin AS CAUSED BY: EDIATE CAUSE (a)	e for (0), (b), and (c).] texiosclere	tic Cardis -	vascales de	INTERVAL BETWEEN ONSET AND DEATH
	Canditions, if any, w	DUE TO				0
	gove rise to immed couse (a), stating the <u>un</u> lying couse last.	iote				
CERTIFICATION	PART II. OTHER SIC	GNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERM	AINAL DISEASE CONDITION GIV	VEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? YES NO
	20a. ACCIDENT WAS UND OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDIC	USE OF DEATH	RIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Part I or Port II of item 18.)	
MEDICAL	20c. TIME OF INJURY Mo Hour o. m. p. m.	onth, Day, Year 20d. IN While of work	Not while for at work	LACE OF INJURY (Home, far octory, street, office bldg., et	rc.)	(County) (Stot
	21. I certify that (I) saw the deceased a	1/1/1 - /7	ed the deceased from	death occurred at/0.	M, from the causes ar	
	220. SIGNATURE	d Bother	A A A	M.D. ATTENDING A	MED. STAFF PHYS. []	22b. DATE SIGNE
	22c. PHYSICIAN'S NAME (Type)	zabeth B.S.	herrill, MO	22d. ADDRESS Cockeys	sville, Ma.	
230	BURIAL, CREMATION, 23	3-10-62	0ak Lawn Ce		23d. LOCATION (City, town, Baltimore Con	
24 W	FUNERAL DIRECTOR'S SIGN M. COOK, Inc.,	1217 St.Paul	STreet, Balti	more 2,	- 4 - 100	STRAR'S SIGNATURE



DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF funeral Items 8 & 9 Film 0.308 3/9/62 mh 2. USU L RESIDENCE (Where decessed lived, If institution: Residence before edmission) hours after 1. PLACE OF DEATH e. COUNTY Baltimore b. COUNTY Maryland Baltimore the d MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) Lutherville Lutherville filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE Thornhill Road 41 Thornhill Road ON A FARM? YES NO X completely 3. NAME OF Middle Month DECEASED RUTH MCKENZIE OF March 1,1962 DAVIES (Type or print) 19 and col 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey) Months Hours Female WIDOWED DIVORCED physician 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Baltimore, Maryland any USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 2 attending plea David O. Davies Laura L. Utermoble 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT that the (Yes, no, or unkown) | (Ifyesgivewer or detes of service) Ruth E. Bser, 41 Thornhill Rd. Lutherville 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH Arterios clarates Cardio Vascular Deseudo PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, (b) geve rise to immediate cause DUE TO (e), steting the underlying couse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part II of item 1B.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED Month, Day, Year 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While et work at work p.m. 21. I certify that (!) (this hospital) attended the deceased from...... saw the deceased alive on 12th, 13th 1962, and that death occurred at 4AM, from the causes and on the date stated above. 22e. SIGNATURE 22b. DATE ATTENDING SIGNED PHYS. DIRECTOR PHYS. FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) director, is 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, (State) Baltimore, Maryland Loudon Park 24 JUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) Wm Cook-Towson, Inc. 1050 York Rd. Towson, 15M 9/60 6 '62 DATBAAD arthur S. France Md.

certificate

MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR)	(LAND
CERTIFICATE OF DEATH	
b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b	V
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 315 Ing/65ide AVE. Baltimore d. STREET ADDRESS 20 No. East Ave.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Matilda Middle Lest 4. DATE OF DEATH Day	Year 19 6
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH 9. AGE (In yeers lest birthdey) WIDOWED DIVORCED DI	if UNDER 24 HRS. Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN O	DE WHAT COUNTRY?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (Ifyes give were redeles of service)	milas (2)
PART I. DEATH WAS CAUSED BY: R.S. CV. D. 2 Combrol C.V.A.	TERVAL BETWEEN
Conditions, if eny, which gave rise to immediate ceuse (e), stating the underlying DUE TO	3/22/62
	19. WAS AUTOPSY PERFORMED? YES NO
	(Stete)
saw the deceased alive on	ate stated above.
ATTENDING MED. PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR	22b. DATE SIGNED
236. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	(Stete)
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNAL S. FLAME	TURE
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		211	Monun	nental	Avenu	ie.		1/	BLG MCH	enry Str	eet	Y	ON A FARM?
State State Bath.	3.	NAME OF DECEASED		First	11.01.0	Middle		Last	4. DAT	TE Mo		Day	Year
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affe saffe	5.	SEX	6. COLO	R OR RACE 7	MARRIED	HOWARD DE NEVER MARRIE	D 8.	METTE DATE OF BIRTH		19. AGE (In year	rch 20	YEAR I IF I	19 62
× 2										last birthday	Months		ours Min.
200	10	Male USUAL OCCUPA	TION (Give		WIDOWED	DIVORCED NO OF BUSINESS OR		Aug. 192	29	32 yrs.		ZENI OF VII	HAT COLUMN
78	do	ne during most of	vorking life, e	ven if retired)	TVO. KII	OF BUSINESS OR	INDUSTRI	II. BIRTHPLACE (S	rata or foreign	country)	12. CITI	ZEN OF W	HAT COUNTRY?
es l	12	FATHER'S NAME	rer		Md.	Lumber C	0.	Baltimo	ore Cit	y	J	J. S.	A
Nii-	13,	FAIRER'S NAME						14. MOTHER'S MAII	DEN NAME				
9 5		Howar	d Meil	e				Florence	e Brown	n			
÷. F.	15.	WAS DECEASED I	VER IN U.S.	ARMED FORCE	ES? 16. S	OCIAL SECURITY NO	O. 17. II	FORMANT		Addn	985		
E 2		No	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			-26-2246	J	enn Elizal	neth Me	17e. 18h	6 McHer	rv St	
200		18. CAUSE OF	DEATH (En	ter only one co	ause per lir	na for (e), (b), end (c).]					INTERV	AL BETWEEN AND DEATH
or removal, an		Conditions, if exgave rise to Imma (a), stating the cause lest.	ny, which diata cause	DUE TO (b) DUE TO (c)	arbon	monoxide	pois	oning, acu	ite				
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and Land	CERTIFICATION			Λ	n+ 0 mi	onal amoti	o Hoo	rt Disease				YES	PERFORMED?
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bur bur	S	10c. TIME OF IN.	IURY Mon	th, Day, Yaar	20d. IN	CHIEN OCCUPATED	On DIAC	arbon mono	f 1 001 1	City or town)	(Cour	ity)	(Stata)
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od ag			V		H	11/	A .	CHIEF MEDIC	AL EXAMINER				
ate T		ACTUAL SIGNATURE	1/aw	und 1	1.	than		M.D. ASSISTANT	MEDICAL EXAM	AINER X		DATE	SIGNED
\$52		EXAMINER'S						DEPUTY MED	ICAL EXAMINE	R 🗌			
des			HOWA	RD G.	SHAUE	B. M. D.	-	Addrass (Stre	et, city, town,	or county)		March	20, 190
FUNERAL Lift designate	22e	. BURIAL, CREMAT REMOVAL (Spacial	ON, 22b.	DATE THEREOF	2	22c. NAME OF CEM	ETERY OR	REMATORY	22d. LO	CATION (City, lov	vn, or country)	71	(State)
0 9		Burial		3/23/62		Mount Ol	ivet	Com	T.	redemak	Road	Md.	1
	23	FUNERAL DIRECT	OR	11-621-06		ADDRESS	T. 4 G O	240.	REC'D BY REG	rederick ISTRAR 24b. RI	EGISTRAR'S SIG	GNATURE	
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COT OTLE		Division of	STATISTICAL	RESEAR	CH AND RECORD	5, 301 W. PRES	TON STREE		ORE 1, MAR	YLAND
UK STATE	-	0201	WED	ICAL	EXAMINER'	CERTIFIC	ATE OF	DEATH	U	28/1
CALIN DEPT.		PLACE OF DEATH					ENCE (Whare			nce before admission
Se e e e			Baltimor	e e	MARYLAND	a. STATE Marvla	and	b. COUN	wy Anne Arui	ndel
J		b. CITY OR TOWN (in write RURAL and	f outside corporata limit: give nearest lown)	1,	c. LENGTH OF STAY IN 16			rporate limits, write		
to de		Sparrows	Point			Gler	Burni	8	02	x.2.
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with with	5.	SEX			NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years last birthday)	Months Days	Hours Min.
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ong insit in in		PART I. DEATH	WAS CAUSED BY:	/Un	isking lu	Lung de	100-0			SET AND DEATH
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bo be mati	CERTIFICATION									PERFORMED?
edica ould cred	FE	20a. EXTERNAL CA			BE HOW INJURY OCCURED.					
sh A th		CAUSE OF DEATH.	NIKIBUTING []	lead	crushed by dading bucket	escending of #7 Bla	counter st furn	weight	of ore	
Chief Sage 3	MEDICAL	20c. TIME OF INJUR			NJURY OCCURRED 20e. PL		farm, ; 20f. (C	ity or town)	(County)	(Stata)
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Drice Price		21. I certify the	at I took charge of	the rema	ains described above, h	eld an Autopsy	, Inspection	n Inquir	y and	in my opinion
t Carrie		death resulted fr	om: Natural cau	ises .	Accident 2 Sui	cide, Homici	de 🔲, U	ndetermined m	anner	
the ce rward DIRE			6 (01)	11/20	11	CHIEF MEDIC	AL EXAMINER			
WEDI e the c forwar L DIR		ACTUAL	solle	Cu	eller	M.D. ASSISTANT	MEDICAL EXAM	NER	, 1	DATE SIGNED
S H S		EXAMINER'S	50-111	00	11.2.	DEPUTY MED	ICAL EXAMINER		3-	- C-1. 2
Sep	000	NAME (Type)	SACIO	- 6	22c. NAME OF CEMETERY O		eat, city, town, o		~	862
shound be for FUNERAL.	228.	REMOVAL (Spacify)						ATION (City, town,		(Stata)
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02880 CERTIFICATE OF DEATH Reg. Dist. No. 2872 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) o. COUNTY b. COUNT MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and hive negrest/fown d, NAME OF HOSPITAL (If not in hospital give street address) e. IS RESIDENCE ON, A EARM? YES NO T NAME OF DECEASED First 4. DATE Middle Year Manth DEAT (Type or print) 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS SEX 6. COLOR OR RACE NEVER MARRIED Months Days Hours Min. WIDOWED T DIVORCED T 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUST 12. CITIZEN OF WHAT COUNTRY? during most af working life, even if retired) LOY after 13. FATHER'S NAME OTHER WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT INTERVAL SETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o' DUE TO Conditions, if ony, which gove rise to immediate DUF TO couse (o), stoting the underand lying cause lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES NO T 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I ar Port II of item 18.) b 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f, (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour 0. m While Nat while at wark ot work p. m 1962 that I last saw the deceased 19 60 21. I certify that I attended the deceased fram. and that death occurred at 7.34 alive on M. fram the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL priar PHYSICIAN'S the registrar NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF LOCATION (City, taken, on county) NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) UNERAL DIRECTOR 24b. REGISTRAR'S SIGNATURE 24g, REC'D 8Y Christy S. Thousa

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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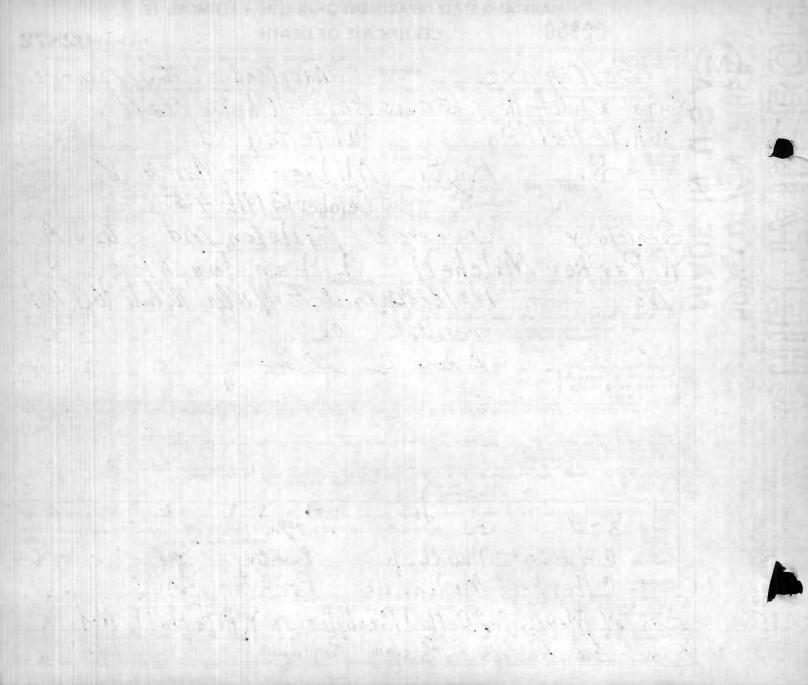
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RESERVANT ILLS Description I. J. Phys. Co. Lett. The state of the s MARYLAND STATE DEPARTMENT OF HEALTH

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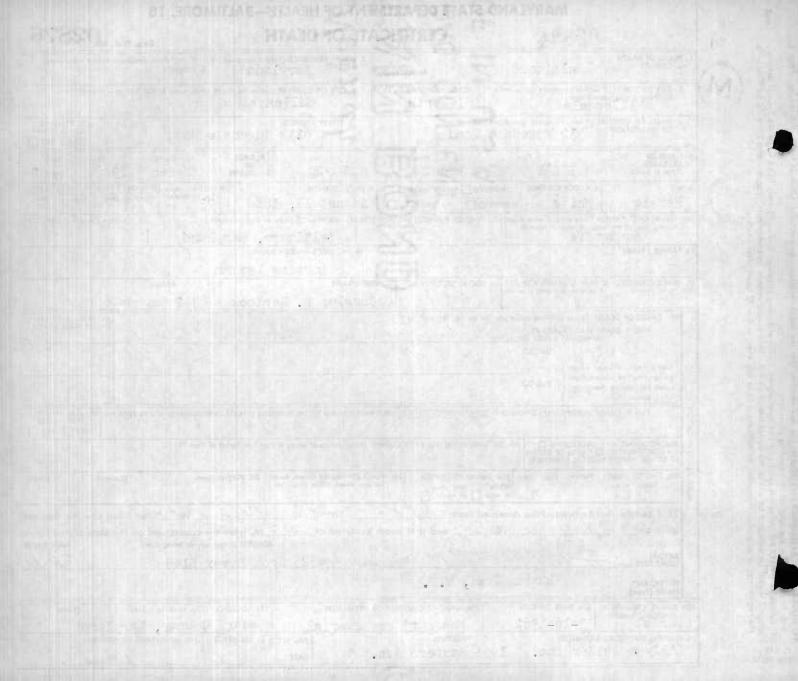
6.0	(6) 42883 CERTIFICATE OF DEATH	02875
	1. PLACE OF DEATH a. COUNTY b. COUNTY c. STATE b. COUNTY	ns Residence before edmission
3	LSALTIMORE MARYLAND MD,	Itimore
VI)	b. CITY OR TOWN (if outside corporata limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LIFE TOWSON	end give nearest town)
V	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE
^	606 E. SEMINARY AVE 606 SEMINARY AUE	YES NO
	3. NAME OF First Middle Last 4. DATE Month OF	Day Yeer
	(Type or print) SEX 6. COLOR OR RACE MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UND)	TI YEAR IF UNDER 24 HRS.
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE (In yaers) IF UND! Months Yrs.	
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if ratired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stele, or foreign country) 12.	CITIZEN OF WHAT COUNTRY
	H.W. O.H. MD,	U.S.A.
	13. FATHER'S NAME	
	JAMES CROOK EMILY	Harry Control
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (Ifyesgiveweror deles of service) 16. SOCIAL SECURITY NO. 17. INFORMANT GREAT NOOR AND AVE. B.	- 24
	IB. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	1 LO, // VI
	PART I DEATH WAS CAUSED BY.	ONSET AND DEATH
	IMMEDIATE CAUSE (*) Arteriosclerotic Heart Disease	Years
	Conditions, if ony, which (b) Generalized arteriosclerosis	Years
-	gave rise to immediate causa	
	(a), stelling the underlying cause last. (c)	
		ART 1(a) 19. WAS AUTOPSY PERFORMED?
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P. Cerebral arteriosclerosis - severe	YES NO
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 1B.) OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
		County) (Stete)
	Hour a.m. While Not While Indian, Since I, Since	
	No. of the second secon	1962, that (I) (w) la
	saw the deceased alive on March 27, 19 62, and that death occurred at 9.3.20 mom the causes and o	
	22e. SIGNATURE AGAIL ATTENDING MED. STAFF	22b, DATE SIGNE
	Herenta (14.) M.D. PHYS. I DIRECTOR PHYS.	4-2-62
1	22c. PHYSICIAN'S NAME (Type) S.J. Venable, Jr. M.D. 22d. ADDRESS 7215 York Road, Baltimor	e 12, Marylan
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or co	unty) (State)
0	BURIAL 4/3/62 LOUDON PR. CEMIY, BALLO, NI	C SICNIATURE
the	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 256. REC'D BY REGISTRAR 256. REGISTRAR 256. REGISTRAR	S SIGNATURE
1/h /s	WITZKE, 4/0/EDMONDSON AUE, DATE	

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

Cerebral armenications - material landers

-IX	1		MARYLA	ND STATE DE	PARTM	ENT OF HEAD	LTH-BALT	MORE, 1	8			
A	L		02884	CER	TIFICA	ATE OF DEA	TH		Reg. Di	st. No.	28	76
(1.	PLACE OF DEATH a. COUNTY	Baltimore	M	ARYLAND	2. USUAL RESIDENCE o. STATE Mar	(Where deceased I yland	ived. If institution b. COUNTY	on: Residen	110	odmissio	
IAI		b. CITY OR TOWN (If a RURAL and give near Hiller	outside corporate limits, rest tawn) 1dale	write c. LENGTH OF S			l (If outside corporo lèndale	te limits, write R	URAL and			
X		d. NAME OF HOSPITAL OR INSTITUTION	(If not in hospital, give 8332 Edged			d. STREET ADDRES	ss 2 Edgedal	le Road		e.	ON A I	
	3.	NAME OF DECEASED (Type or print)	LILLY	PEARL	ddle	MORLOCK	4. DATE OF DEATH	Marc Marc		Day		ear 9 62
	5.	Female		MARRIED NEVER MA	RRIED	August 11,		AGE (In years lost birthday)	IF UNDER Months	1 YEAR I		
	100	. USUAL OCCUPATION during mast of workin HOUSEV	(Give kind of work dan g life, even if retired) WITE	e 10b. KIND OF BUSINES	S OR INDUS	TRY 11. BIRTHPLACE (S	state or foreign cour	rland	12. CIT	IZEN OF	WHAT (COUNTRY?
	13.	FATHER'S NAME	Gr	eenwood		14. MOTHER'S MAID						
	15. (Ye	WAS DECEASED EVER I	N U. S. ARMED FORCES yes, give wor or dates of service	16. SOCIAL SECURITY		Charles W.		8332 E		le R	nad	
			T [Enter only one couse I WAS CAUSED BY: WMEDIATE CAUSE (a) DUE TO	per line for (a), (b), and	(c).]	ic c	oric	non	u	INTER	VAL BETT	WEEN
		Conditions, if any gave rise to imm cause (a), stating the lying cause last.	, which (b)									
0	CERTIFICATION		R SIGNIFICANT CONDIT	IONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE T	ERMINAL DISEASE O	ONDITION GIV	EN IN PART		WAS ALL PERFORM	MED?
		20a. ACCIDENT WAS OR CONTRIBUTING C (IF EITHER, NOTIFY MI	UNDERLYING 201 CAUSE OF DEATH EDICAL EXAMINER)	b. DESCRIBE HOW INJUR	Y OCCURRED	. (Enter nature of injury	y in Part I or Part II	af item 18.)	de			
	MEDICAL	20c. TIME OF INJURY Haur a. m. p. m.		20d. INJURY OCCURRED While Not while of work at work	20e. PLA fac	CE OF INJURY (Hame, tary, street, office bldg.	farm, 20f. (City or , etc.)	tawn)	(0	Caunty)		(State)
		21. I certify that alive on	gattended the de		nat death	0 196 %, to 0 196	M, fram ADDRESS (Street	the causes a et, city ar tawn,	state)	ast sav	stated	d obove.
1		PHYSICIAN'S NAME (Type)	Gordon	Grau, M.D.								
	220	BURIAL, CREMATION, REMOVAL (Specify) BUTIAL	22b. DATE THEREOF 3-16-1962	22c. NAME OF C		CREMATORY Memorial		N (City, lawn, a	,,,	yl an	(State)	
My.		FUNERAL DIRECTOR'S S Lilly & Zei		ADDRESS 1901 Easter	n Ave.		REC'D BY REGISTRA	R 24b. REGIS	TRAR'S SIG			

TO HOSPITA



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) e. COUNTY b. COUNTY Baltimore Maryland by the and 2 death Anne Arundel MARYLAND by the b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL end give neerest town) Catonsville Lombardy Beach, Pasadena d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Forrest Haven Nursing Home View Point YES NO X completely 3. NAME OF Middle 4. DATE Month Dev DECEASED (Type or print) THEO DEATH BESSIE MORRIS March 24, 19 62 withi carbon 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED X 5. SFX B. DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthdey) and Months Deys Hours Female White WIDOWED DIVORCED T April 28, 1882 physician remove 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) None Steelton, Pennsylvania U. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please Milton K. Morris Sarah A. Lynne 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address (Yes, no, or unkown) | (If yes give we ror detes of service) F.O. BOX 4023 DUNDALK 22 Mr. Lawrence Morris 130-01-6557 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), CAMEINUMP CERVIN & CENERPLIZED ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) A ROOMWAL MEST PSTESIS DUE TO Conditions, if eny, which A RT ERIO SELERVICE CUP. gave rise to immediate cause DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO X 200, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Yeer 20d, INJURY OCCURRED | 2De, PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (Stete) factory, street, office bldg., etc.) While Not While Hour e.m. et work et work19.6.1 and that death occured at C. A.M., from the causes and on the date stated above. saw the deceased alive on..... ATTENDING ATTENDING 22b. DATE 22e. SLENATURE March 26, 1962 DIRECTOR PHYS. M.D. FUNERAL 22d. ADDRESS NAME (Type John H. Shaw 5800 Edmondson Ave Baltimore 29, Md. 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) (Specify) 3/28/1962 Baldwin Cemetery Harrisburg, Pennsylvania S P MERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS VR A15 (4) wy. Balto. 25 ATE Md MAR 3 0 '62 4001 Ritchie 15M 9/60 Chrisman & Thouse J Gence

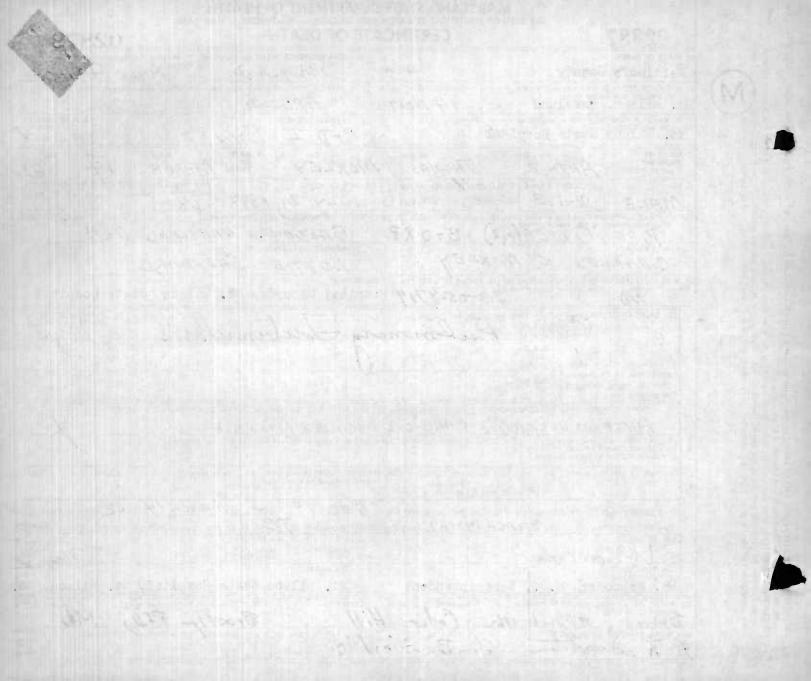
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before edmission) e. COUNTY b. COUNTY the 12 MARYLAND b. CITY OR TOWN (if outside corporete limits, pue c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If Sutside corporala limits, write RURAL and give nearest town) write RURAL end give neerast town) .= Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? de Avenue YES NO DOX letely 3. NAME OF Middle DATE Month Dey DECEASED OF comp (Typa or print) DEATH 19 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. lest birthdey) and Months Hours Min. WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? (County & State, or foreign country) done during most of working life, even if retired) retarea phy attending pl Then please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME .5 Antonio Mosca atherine 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or dates of service) MOSCA the 18. CAUSE OF DEATH [Enter only one cause per Jim for (e), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) signed DUE TO Conditions, if any, which geva risa to immadiata ceusa DUE TO (a), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour e.m. et work at work 19 0 21. I certify that (I) (Ithe hospital) attended the deceased from.... saw the deceased alive on...... 22e. SIGNATURE 22b. DATE ATTENDING MED STAFF SIGNED DIRECTOR PHYS. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type TO FUN. director, be filed v 23 BURIAL) CREMATION, 236. DATE THEREON 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City, town or county) (State) MOVAL (Specity) 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 25e. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) DATE MAR 2 15M 9/60 Cirthur & thouse

MARYLAND STATE DEPARTMENT OF HEALTH

EXTESSO -Page 1 BELLEVIEW . COM REPORTED AND DES E ALECT Mas Josephine Hosen that were with the Killer Halle Level first saw they have the

LAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH ector, d with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Baltimore County b. COUNTY MARYLAND CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 TOWN (If outside corporate limits, write RURAL and give nearest town) Mt. Wilson, Maryland RNOLD 14 MONTHS d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE or Wilson State Hospital ON A FARM? 150x 194 YES NO T NAME OF Middle Manth Year DECEASED 1 HOMAS (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Dovs WIDOWED | DIVORCED | USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life even if retired) BALTIMORE MARYLAND HARLES 107715 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Hospital Records, Mt. Wilson State Hospital INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO Canditions, if any, which (b) gave rise to immediate DUE TO couse (a), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE JERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? ARTERIO SCLERUTIC CARDIO-VASCULAR NO [20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Stote) Day, Year (County) factory, street, affice bldg., etc. Haur a.m Nat while While p. m of work of work 1960 to MARCH 14, 1962 that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased fram DEC saw the deceased alive an MARCH 14 1962, and that death accurred at 32M, from the causes and an the date stated above. 22a. SIGNATURE 22b. DATE ATTENDING MED. DIRECTOR M.D. PHYS. Pw Cmu 22c. PHYSICIAN'S 22d. ADDRESS Newcomer, M.D., Superintendent Mt. Wilson State Hospital, Mt. Wilson, Md. State O FUNER 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR/ 15M 9/59



e-attending physician and completely filled in by the funeral Then please remove <u>carbon</u> papers. Pages 1 and 2 should within 24 hours after event, within 72 hours afte requires that the death certificate be executing physician. any and TO HO AL OR ATTENDING PHYSICIAN: The law requires that the death, rege 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending director, page 3 should be detached for use as the burial-transit permit. Then be filed with the State Dept. of Health prior to burial, cremation, or removal,

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

02880

-	PLACE OF DEATH	2. USUAL RESIDENCE (Whara deceased lived, If Institution: Residence bet	fore edmission)
	Baltimore MARYLAND	e. STATE Md b. COUNTY B	128)
1	b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL end give neares	st town)
1	write RURAL and give nearest town) White Marsh	X White Marsh	
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)		IS RESIDENCE
	Box 322 B. Philadelphia Rd.	Box 322 B. Philadelphia YE.	ON A FARM?
	3. NAME OF First Middle DECRASED	Last 4. DATE Month Dey	Yeer
	(Type or print) Harold	Moyer DEATH 3 30	19 62
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	1 4 1 4 1 1	NDER 24 HRS.
Н	male white WIDOWED DIVORCED	3-13-1908 SLL yrs. Months Deys Hou	urs Min.
	10e. USUAL OCCUPATION (Give kind of work done during most of, working life, even if retired)	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WH	IAT COUNTRY?
1	Steel Worker	Penna. USA	
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
1	Clarence M. Moyer	Lizzie E. Brown	
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	NFORMAND	
	(Yes, no, or unkown) (Ifyesgivewerordelesofservice)	Bernadette Moyer same	
=	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVA	L BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	Immale ONSE!	AND DEATH
1	5227	70	9/2-
	Conditions, if any, which	bank and Transport 24	100.
	gave rise to immediate cause	prominent -	yes-
	(e), stating the underlying DUE TO	Our les longer Lo	40
	(6)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. W	AS AUTOPSY
			PERFORMED?
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED	. (Enter neture of injury in Part I or Pert II of item 18.)	
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH II. OTHER STORMS TO THE STORMS TO		
	2Dc. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, ferm, 20f. (City or town) (County)	(Stete)
	nour e.m.	ory, street, office bldg., etc.)	
		00 1954 to march; 1964 that	(1) (wa) last
1	21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on		, , , ,
	saw the deceased alive on	death occured at	22b. DATE
1	11/110, 6, 24. 1	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	SIGNED
1	22c. PHYSICIAN'S	DIRECTOR PHYS.	
	NAME (Type)		
1	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county)	(Stete)
	BEMOVAL (Specify) 4-2-62 Jonance	- Dorrance Townshin	194.
1	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE	
	Leonard J. Ruck Inc. 5305 Hartord	Rd. DATE APR 3 '62 arthur S. Thous	
1.	The state of the s	Pag py	

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W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission) e. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give neerest town þ ₽. filled d. NAME OF HOSPITAL OR INSTITUTION a. IS RESIDENCE not in hospital, give street address) ON A FARM? YES NO X completely NAME OF Middle DECEASED OF (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7, MARRIED NEVER MARRIED AGE (In yeers IF UNDER 24 HRS. last birthday) Months Hours Min. WIDOWED 7 DIVORCED 10e. USUAL OCCUPATION (Give kind of work or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, wen if retired) FATHER'S NAME please and in ding 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (If yes give wer or detes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY PERFORMED? 20a. ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, Month, Day, Year 20f. (City or town) (County) (Slete) fectory, street, office bldg., etc.) While Not While Hour e.m. et work et work 21. I certify that (1) (this hospital) attended the deceased from Mon 2 1945 to Man 12 1968 that (1) (Vo) last 201 10 1962, and that death occured at 99cM, from the causes and on the date stated above. saw the deceased alive on... 22e. SIGNATURE 22b. DATE ATTENDING MED. DIRECTOR SIGNED PHYS. M.D. death. Page 4
O FUNERAL 22d. ADDRESS PHYSICIAN'S NAME (Type ector, 23e. BURIAL, CREMATION, | 23b. OH FUNERAL DIRECTOR'S SIGNATURE 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60

SYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 02890 funeral 2. USUAL RESIDENCE (Where deceesed lived, If Institution: Residence before edmission) PLACE OF DEATH Baltimore b. COUNTY Maryland the day MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL end give nearest town) == davs Baltimore Fort Howard filled . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS ON A FARM? 1441 Washington Veterans Administration Hospital YES NO W Boulevard mpletely papers. 4. DATE Year NAME OF DECEASED (Type or print) EDWARD DEATH E. MURPHY 19 62 March ğ and con AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH last birthday) Months Male White June 5. 61 WIDOWED [DIVORCED 940 12. CITIZEN OF WHAT COUNTRY? 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BISTHPLACE (County & State, or foreign country) done during most of working life, even if retired) U.S.A. Soldier U. S. Army Baltimore, Maryland 13. FATHER'S NAME ding Edward Murphy Catherine Limberg Then f 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Clinical Records, VA Hospital, requires that the (Yes, no, or unkown) | (If yes give wer or dates of service) Yes attending physician. 212-28-3321 Baltimore, Md. Ft. Howard Division WW II INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH DEATH WAS CAUSED BY: BRONCHOPNEUMONIA 2 Days IMMEDIATE CAUSE (e) burial-transit DUE TO Conditions, if env. which (6) geve rise to immediate cause DUE TO (e), stating the underlying the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)) 19. WAS AUTOPSY as PERFORMED? NO S prior ARTERIOSCIEROTIC CARDIOVASCULAR DISEASE WITH HYPERTENSION CERTIFICA 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 20e. ACCIDENT WAS UNDERLYING may be retained by the DIRECTOR: After this 3 should be detached for the State Dept. of Health p OR CONTRIBUTING CAUSE OF DEATH MEDICAL (County) (Stete) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20c. TIME OF INJURY Month, Dey, Yeer fectory, street, office bldg., etc.) Not While While Hour e.m. et work et work 21. I certify that ((this hospital) attended the deceased from March March 13 19 62 that (we) last OR 22b. DATE 22e. SIGNATURE SIGNED ATTENDING STAFF AL AL PHYS. DIRECTOR PHYS. M.D. page with th Medical Service 22d. ADDRESS 22c. PHYSICIANS IRVING FREEMAN. M. D. VAH. BALTIMORE. MD. FT HOWARD DIVISION ector, 23d. LOCATION (City, town or county) (Stete) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF D. g. g REMOVAL (Specify) Baltimore 28, Md. Burial Baltimore National 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) arihay & Kinns 15M 7/61 Charles W. Kachaukas, 637 Wash. Blvd. Balto 30, MdT.

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VAH. BALCEMORE, MD. FT HOMAND DEVISION

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Marian L. Kangman 197 main. Miles 10, M.

THAT O BENEDAM. M. D.

CERTIFICATE OF DEATH 02291

Per Dist 02982

				Keg. Dis	.00000
1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryla	ere deceased lived and	. If institution: Residence b. COUNBALtin	e before admission)
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest fown) Dundalk (22)	c. LENGTH OF STAY IN 1b	c. city or town (if o	utside corporate lin	mits, write RURAL and gi	ive nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street of or institution Woodland Ave		d. STREET ADDRESS	dland A	venue	IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) FEO DOR	Middle (NMN) N	Lost AROWAN SKI	4. DATE OF DEATH	Manth March	Day Yeor 9th, 1962
5. SEX 6. COLOR OR RACE 7. MARRI male White WIDOWE	The second secon	B. DATE OF BIRTH		A T AS A DESCRIPTION OF THE PARTY NAMED IN COLUMN TWO IS NOT THE PARTY NAMED IN COLUM	1 YEAR IF UNDER 24 HRS. Doys Hours Min.
	OME BUDG	2	or foreign country)	12. CITI.	TPATERS V
13. FATHER'S NAME (?) NA	ROWANSKI	14. MOTHER'S MAIDEN N	KNOWN		
(Yes, no or unknown) . (If yes give wor or date, of service)	social security no. 17. 18 20-09-5792	Nformant S.Narowansk		Address Shipway, I	Dundalk 22
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which a gove rise to immediate couse (a), stoting the under- lying couse lost. (c)	RTERIOS	LEROTIC	(:0.6) SEASE	ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS C 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)	ONTRIBUTING TO DEATH BUT				1(o) 19. WAS AUTOPSY PERFORMED? YES NO XX
20c. TIME OF INJURY Month, Day, Year 20d. IN Hour o. m. While	JURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, street, office bldg., etc.	, 20f. (City ar tov		caunty) (State)
21. I certify that I attended the decease alive an Floor, 19 Construction of the second of the secon	nocloud	accurred at 1:00 F	M, from the ADDRESS (Street, cabind A	causes and an thity or town, state)	ast saw the decease te date stated above DATE SIGNE 3/10/62
220. BURIAL, CREMATION, 22b. DATE THEREOF Burial 3/12/62	22c. NAME OF CEMETERY O	emetery		City, town, ar county)	(Stote) Maryland
23. FUNERAL DIRECTOR'S SIGNATURE Walter Brooks Bradley	ADDRESS Inc. Dundal		BY REGISTRAR	24b. REGISTRAR'S SIG	

TO HOSPI TO FUNI

1 10 80 540 to 511	TE OF DEATH		
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	d and Sharmonda.		No.

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The law requires that the death certificate be executed

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DIVISIO	0289		KEJEAI	CERTIF	ICAT	OF DEAT	H 6/62	i wk	WE 0, 1	02	884	Ł
a. COUNTY					YLAND	2. USUAL RESIDE				Residen	ca befora a	dmissio
b. CITY OR TOW write RURAL Cat ons	and giva naara	orporata limits, ast town)		5yr2mt		c. CITY OR TOWN		porete limits, write	RURAL	nd give	nearest low	n) 4
d. NAME OF HO	SPITAL OR INS	THUTION (if	not in hospi	ital, give street ad	dress)	d. STREET ADDRES	S					ESIDENC
SPRING	GROVE	STATE	HOS	PITAL		113011 1 e	rnhill	Avenue			YES	A FARM
3. NAME OF DECEASED (Type or print)		John		Middle Owen		Neighbours	4. DATE OF DEATE	Month	1 3	Dey	Yee	63
5. SEX	6. COLO		AA A DDIED	NEVER MARR	NED [8.	DATE OF BIRTH		9. AGE (In year	IF UNDER		IF UNDER	24 HR
male	whit	e	VI dow WIDOWED	<u>e e</u>		June 24, 18		lest birthdey)	Months	Deys	Hours	Min.
10a. USUAL OCCU done during most o retir 13. FATHER'S NAM	f working life, ('ea	kind of work even if retired)		tl. Harv		Marylan 14. Mother's Maide	ıd	r foreign country)		. S.	OF WHAT (OUNTR
Roger	Neighbo	urs				Ann 1	e M. I	Brennen	na.n			
18. CAUSE C	NO OF DEATH (En EATH WAS CA IMMEDIATE	ter only one co	21 euse per lin	6-09-962' le for (a), (b), and Uremia terioscle	(c).]	cords: SPR		OVE STA	ie h	10	TAL TERVAL BET NSET AND Weeks Years	DEATH
gave rise to imp (e), steting the cause lest.	madieta causa	DUE TO				riosclerosi		ere			years	
PART II. O'	THER SIGNIFICA	ANT CONDITIO	ONS CONT	RIBUTING TO DEA	ATH BUT NO	T RELATED TO THE TERM	MINAL DISEASE	CONDITION GIV	EN IN PA	RT 1(a)	19. WAS PER C	AUTOPS DRMED?
PART II. O' 20e. ACCIDENT OR CONTRIBUT (IF EITHER, NO'	ING [] CAUSE	OF DEATH	20b. DESC	RIBE HOW INJURY	Y OCCURED	. (Enter neture of injury i	n Part I or Pert	II of item 18.)				
20c. TIME OF I		nth, Dey, Yeer	20d. IN While et work	Not While		CE OF INJURY (Home, fa ory, street, offica bldg., e		ty or town)	(Co	ounty)		(Stete)
21. I certif			i) attend	ed the deceas	sed from	Jan. 7	195.7., to	3 - 31 - 31 - 31 = 31 m the causes				
22a. SIGNATU		10.4	w		м	ATTENDING	MED. DIRECTOR [STAFF PHYS.				SIGN
an Blueral		11-				2 222000 LOO	THE THE !	ADDIOUTE: SU	P A CHILLY	TIM	TATION	

PHYSICIAN'S NAME (Type)

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town or county)

23a. SURIAL, CREMATION, 23b. DATE THEREOF
REMOVAL (Specify)
Burial

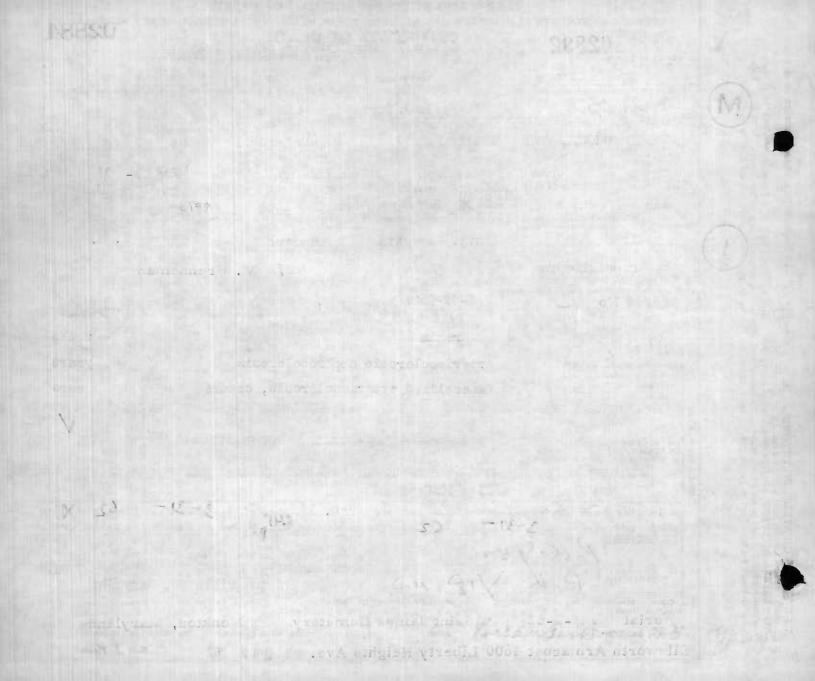
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24 Distribution tignstill with the control of the c

Saint James Cemetery Monkton, Maryland

ADDRESS | 258. REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE

Ellsworth Armacost 4600 Liberty Heights Ave. DATE IPR 2

arthur S. Henry



ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAI OF DEATH funeral 12/62 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceesed lived, If institution: Residence before edmission) a. COUNTY b. COUNTY Baltimore the d 2 Baltimore lary land MARYLAND b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL and give neerest town) an write RURAL and give nearest town) Baltimore Baltimore one year d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? 118 S. Monastery Avenue YES X NO Spring Grove State Hospital letely 3. NAME OF 4. DATE Month Dey Middle Yeer DECEASED OF ba (Type or print) DEATH 62 19 Nolan March Mary 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 8. DATE OF BIRTH last birthdey) Months Days Hours WIDOWED DIVORCED Female March 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) United States Baltimore, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME cian. by the attending promit. Then please Mary T. Sullivan 16. SOCIAL SECURITY NO. | 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) | (If yes give we ror detes of sarvice Margaret Nolan 118 S. Monast ry Avenue INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c), ONSET AND DEATH DEATH WAS CAUSED BY: Pulmonary edema & congestive failure hr IMMEDIATE CAUSE (e) DUE TO attending Arteriosclerotic heart disease Conditions, if any, which geve rise to immediate cause DUE TO (a), stating the underlying Generalized arteriosclerosis the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY PERFORMED? 5 0 YES IN NO Obesity 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, ferm, (County) (State) 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20f. (City or town) MEDIC/ fectory, street, office bldg., etc.) Not While While et work at work 21. I certify that (I) (this hospital) attended the deceased from 2:28 196 L to. 19.52 that (I) (we) last 19.6.2., and that death occured at M, from the causes and on the date stated above. saw the deceased alive on... 22b. DATE 22a/SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. FUNERAL page 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) O F B New Cathedral Cemetery Baltimore Buria 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **ADDRESS** VR A15 (4)

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Catonsville 28

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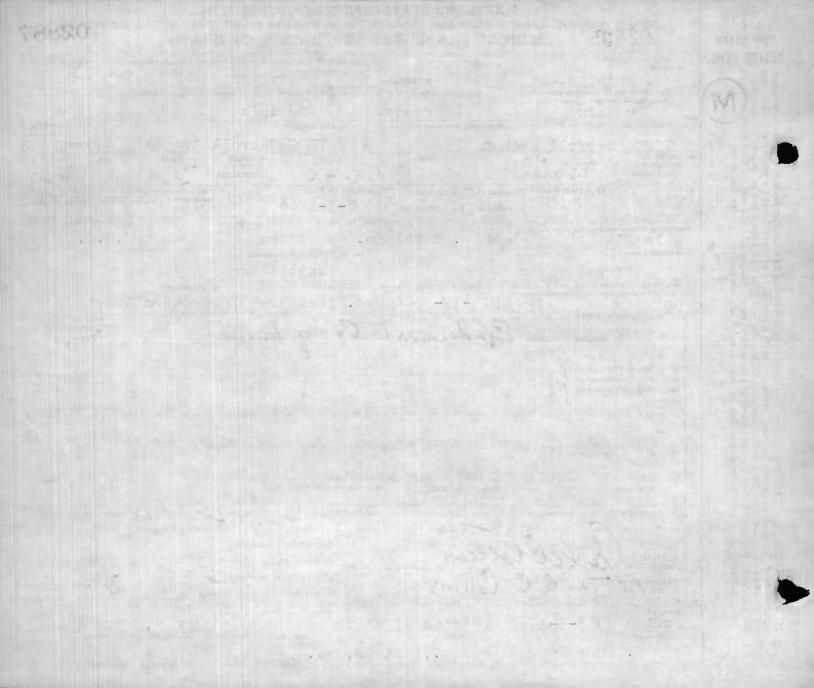
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARINAN MEDICAL EXAMINER'S CERTIFICATE OF DEATH TH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) e. COUNTY director. Page or your files. b. COUNTY Baltimore Mary Land Anne Arundel MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL end give neerest town) lyr6mth20dys Crownsville, (Herald Harbor,) Md. (2x2 Catonsville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Herald Harbor, Md. SPRING GROVE HOSPITAL YES NO 3. NAME OF Middle 4. DATE DECEASED (Type or print) DEATH Ethel Milian Northrup March 19 62 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months WIDOWED X March 3, 1890 white DIVORCED female 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) housewife & RN U. S. own home Penna. pages Give Pag 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME tuniament Charles Bennett Turbarown Ella M. Stanley 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, no, or unkown) | (Ifyesgivewerordetesofservice) Records: SPRING HOSPITAL unknown GROVE 131746437377 18. CAUSE OF DEATH [Enter only one cause per line (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Office DUE TO geve rise to immediate cause DUE TO (e), steting the underlying couse lest. cremation, o PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)1 19. WAS AUTOPSY PERFORMED YES NO plnods 20b. DESCRIBE HOW INJURY OCCURED. (Enter nettre of injury in Pert I or Part II of item 18.) 200. EXTERNAL CAUSE WAS collided with a PRIMARY | or CONTRIBUTING | food dispenser on 3-3-62 sustaining a fall with subsequent CAUSE OF DEATH. of right femir; bruised rt. shoulder and 20f. (City or town) (County) head (State) ege ot fectory, street, office bldg., etc.) While Not While Catonsville 28. Md. . 75 p.m. et work et work hospital 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection . Inquiry . and in my opinion 50 lease execute the certific should be forwarded to FUNERAL DIRECTO death resulted from: Natural causes Accident I Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER George M. Kieffer. M. D. NAME (Type) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22e. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or country) (Stete) REMOVAL (Specify) 040 g MARCH 8.1962 Fort Lincoln Cemeterv Prince George County 240. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR ADDRESS VS. A15ME 5M 7/59 Annapolis Md 8 '62 action & Trava

RYLAND STATE DEPARTMENT OF HEALTH

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLA MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) a. COUNTY b. COUNTY Baltimore Page / is necession of director. Page Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give naerest town) Dundalk vears Dundalk d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Boar e. IS RESIDENCE ON A FARM? retained he State B 7509 7509 Carroll Carroll Avenue avenue YES NO X NAME OF Middla DATE Month Year DECEASED OF the (Type or print) DEATH affer 19 0 with 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 5. SEX AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 2, and 3 e 5 may Ind 2 with last_birthday) Male Months Deys 7-3-1904 ve Pages 1, 2, an PM3. Page 5 m WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Ship Fitter Reth. Steel Co. U.S.A. Maryland pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frank Novak Francis Egner 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgive war or datas of service) Mrs. Ida Novak 7509 Carroll no 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN Office along ONSET AND DEATH PART I. DEATH WAS CAUSED BY pencil IMMEDIATE CAUSE (a) DUE TO pluods Conditions, if any, which (b) gave rise to immadiate cause DUE TO (a), stating the underlying Examiner be used emation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO X YES pinohs b 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury In Pert I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata) 0 fectory, street, office bldg., etc.) Hour e.m. While Not While prior at work at work forwarded to the L DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection A Inquiry and in my opinion death resulted Natural causes Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER designated ACTUAL should be for ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type Address (Street, city, town, or county) 999 22e. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) Q40 ò B**u**ria. Garden Baltimore, Maryland 23. FUNERAL DIRECTOR ADDRESS 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME John J. Duda 7922 Wise Ave., Balt 22. Md DATE 5M 9/60

YLAND STATE DEPARTMENT OF HEALTH



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250. REC'D BY REGISTRAR

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12. CITIZEN OF WHAT COUNTRY?

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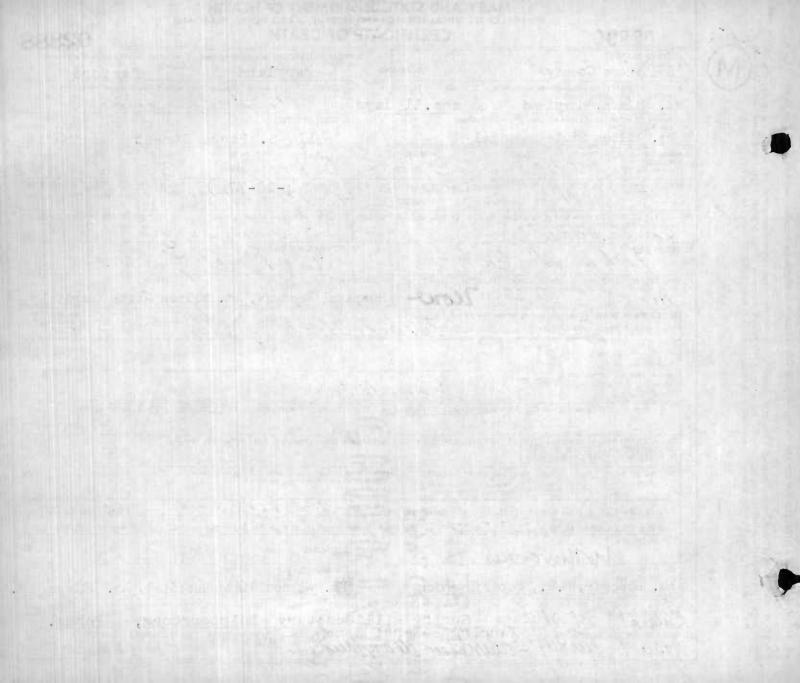
(County)

256 REGISTRAR'S SIGNATURE

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RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR CERTIFICATE OF DEATH 02897 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) e. COUNTY b. COUNTY Baltimore Maryland MARYLAND b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give neerest town) Bal timore Baltimore 12 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO Villa 4207 Tuscany Mercv Court completely 3. NAME OF 4. DATE Middle DECEASED OF (Type or print) DEATH Jessie 1962 O'Connor March and col 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 9. AGE (In years | IF UNDER TYEAR 8. DATE OF BIRTH IF UNDER 24 HRS. lest birthday) | Months | Days Hours WIDOWED Y DIVORCED [certificate physician ove 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housewife Edinburg, Va. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending Benjamin Murray Sara Allen 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detes of service) 207 Tuscany Court No Mrs.John 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c) ONSET AND DEATH IMMEDIATE CAUSE (e) signed DUE TO Conditions, if eny, which geve rise to immediate couse DUE TO (a), steting the underlying couse lest. PHYSICIAN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE WAS AUTOPSY CATION PERFORMED? as NO L use prior CERTIFIC 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH the (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) While Not While Hour e.m. et work et work p.m saw the deceased alive on. 22e. SIGNATURE ATTENDING MED STAFF DIRECTOR PHYS. M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) ector, filed 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) O TO Buria New Cathedral Cem Baltimore Md 24 FUNERAL DIRECTOR'S SIGNATUR 25e. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE Co. 4905 VR A15 (4) Cirthur & Trans Sons 15M 9/60 Baltimore 12.Md DATE

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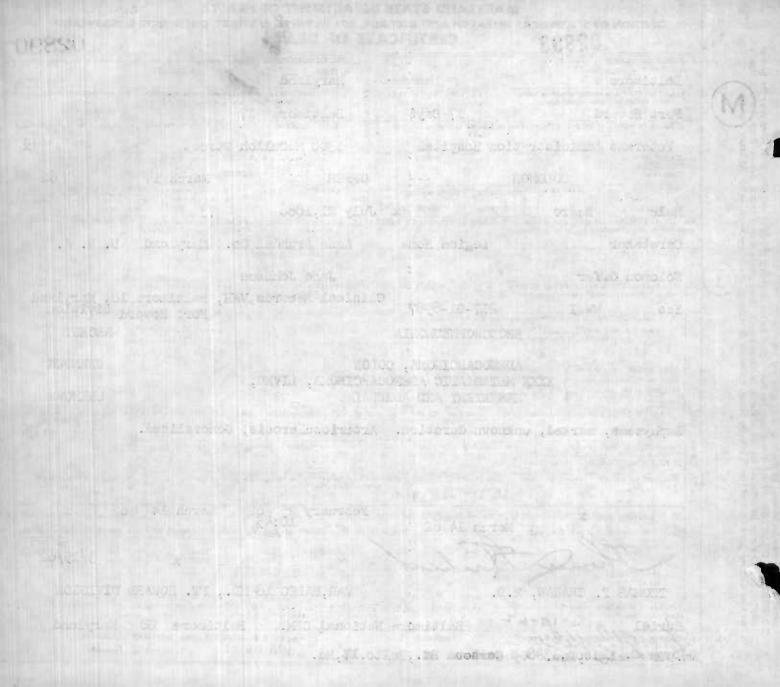
CERTIFICATION

MEDICAL

DIVISION	OF STATISTICAL		ND RECORDS	EPARTMENT (OF HEAL'		ORE 1. MA	RYLAND	
	02898		ERTIFICAT					02	890
LACE OF DEATH				2. USUAL RESIDEN	ICE (Whare dec	aesad lived, If b. COUN		denca before a	dmission)
Baltimore CITY OR TOWN (i write RURAL end	f outside corporata limits give neerest town)	c. LENG	TH OF STAY IN 1b	c. CITY OR TOWN	(If outside corpo	rate limits, write	RURAL end gi	va neerast tow	n)
Fort Howa. NAME OF HOSPIT	rd TAL OR INSTITUTION (if		Days street address)	Baltimore d. STREET ADDRESS	17		31		ESIDENCE
	Administra	tion Hospi	tal	1308 McCu		reet		YES [NO J
NAME OF DECEASED Typa or print)	SOLOMO:		Middle	OFFER	4. DATE OF DEATH	March		ay Yea 19	62
SEX .	6. COLOR OR RACE	. MARRIED NEV	EK MAKAGED	DATE OF BIRTH	9.		Months Day		24 HRS.
Male USUAL OCCUPATION of during most of wo	ON (Giva kind of work rking lifa, avan if retired	10b. KIND OF BU	ن الم	uly 21,1888	nty & State, or fe	13	12. CITIZEN	OF WHAT	OUNTRY?
Caretaker		Legion	Home	Anne Arund	lel Co.,	Maryla	and U.	S. A.	
Yes 18. CAUSE OF D	ER IN U.S. ARMED FORCE Typesgiva war or dates of ser WW I EATH [Entar only one of	217-01-	-6987 C1	Jane Joh NFORMANT inical Recor		Addrass Baltin Fort E	ore 18,	Maryl Division Interval ECENT	NEEN
Conditions, if any	which DUE TO	ADENOCARCI	NOMA, COL	NC				UNKNOW	N
gava rise to immadi (e), stating the un cause last.	ate ceuse	METASTATI		RCINOMA, LIV	ER,			UNKNOW	N
	significant condition, marked, w			related to the termi			_		NO
OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206. DESCRIBE HOV	W INJURY OCCURED.	(Enter natura of injury in	Part I or Part II	of itam 1B.)			
20c. TIME OF INJU Hour e.m. p.m.	19	1	Vhila facto	CE OF INJURY (Homa, far ory, straat, office bldg., at	:.)		(County)		(State)
	hat (X (this hospital ed alive on	l) attended the March 140	deceased from	death occured at 1		March]	and on the	date state	we) last
22a. SIGNATURE		A Cal	an M.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS. K		3/15/	SIGNED
22c. PHYSICTAN'S NAME (Type)	F CRAHAN	v.D.		VAH BATTO	18 MD.	тт. но	WARD DI	VISTON	

(Stata)

23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) Baltimore National CEM. Baltimore 28 Maryland
ADDRESS | 258. REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE Kelson, 1348 N Calhoun St., Balto. 17, Md. DATWAR 1 6 'b2 ---- X. Thank



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 2. USUAL RESIDENCE (Where deceesed lived, If institution: Residence before edmission) 1. PLACE OF DEATH e. COUNTY b. COUNTY Baltimo re Harford Maryland the 12 MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL and give nearest town) Havre deGrace 8vrlOmth2ldvs Catonsville filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 354 Bourbon Street HOSPITAT. YES NO SPRING STATE completely NAME OF DATE First Middle Month Yeer DECEASED OF 62 (Type or print) DEATH March OLeita Osborn 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH IF UNDER 24 HRS. AGE (In yeers | IF UNDER 1 YEAR and lest birthdey) Hours female DIVORCED WIDOWED X 1Da. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Maryland housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Worthington 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yes give werordetes of service) STATE GROVE unknown Records: 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (e) DUE TO Generalized arteriosclerosis Conditions, if env. which (b) geve rise to immediate cause DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO X Senility 20e. ACCIDENT WAS UNDERLYING I 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 2Dd. INJURY OCCURRED I 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete) Month, Day, Yeer factory, street, office bldg., etc.) Not While Hour e.m. et work et work to March 29, 1962, that (N (we) last 21. I certify that 30 (this hospital) attended the deceased from ADT1 1.23 arch 29 1962..., and that death occured at.p....M, from the causes and on the date stated above. saw the deceased alive on...... 22b. DATE OR may 22e. SIGNATURE ATTENDING SIGNED PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S SPRING GROVE Bruno Kadauskas. M. NAME (Type) Catonsville 28. Maryland 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. MAME OF CEMETERY OR CREMATORY 23d DOGATION (City, tow or county) (Stete) の音る 250. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE DIRECTOR'S SIGNA VR A15 (4) Ciriling S. Trans 15M 9/60

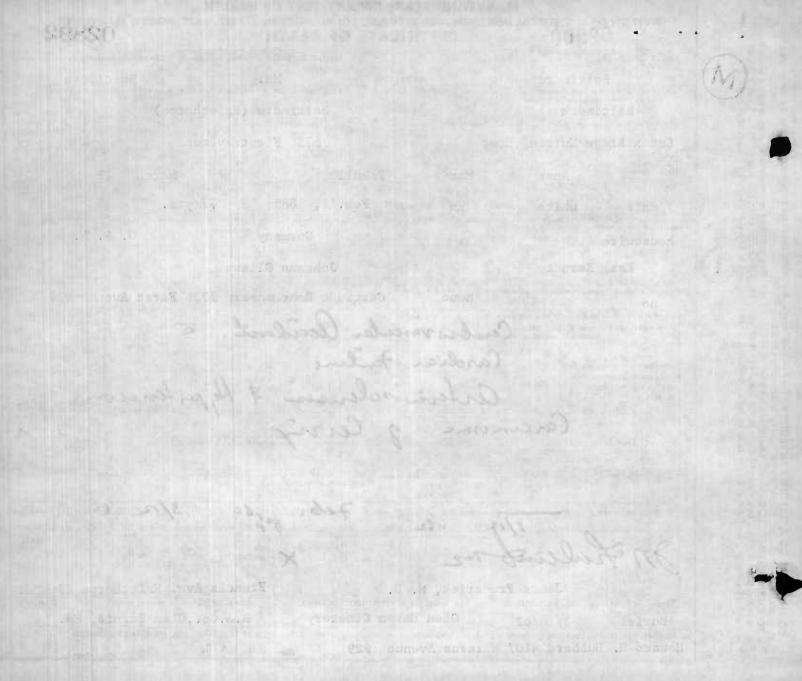
ARYLAND STATE DEPARTMENT OF HEALTH

11/2-15/19 The Course Course Ergen Fallagund St. onps3 19/9/12 Made The Territor & Marchaelle Mills Commence from There of Shore 18 d 18 1 10 10 10 12

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02892

1. PLACE OF DEATH					institution: Residence before edmission)
	altimore	MARYLAND	a, STATE	b. COUN	Baltimore
b. CITY OR TOWN (i	f outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporete limits, write	RURAL end give neerest town)
	give nearest town) imore		X Raltimor	e (Halethorpe)	
	TAL OR INSTITUTION (if not in	n hospitel, give street address)	d. STREET ADDRESS	e (natechorpe)	. IS RESIDENCE
					ON A FARM?
	ge Nursing Hor			rst Avenue	YES YOXX
3. NAME OF DECEASED	First	Middle	Last	4. DATE Month	Day Year
(Type or print)	Anna		:ull	DEATH Mar	ch 12 19 62
5. SEX	6. COLOR OR RACE 7. MA	ARRIED NEVER MARRIED B	DATE OF BIRTH	9. AGE (In years last birthday)	
female			eb. 1, 1885	77 yr,s.	Months Days Hours Min.
10e. USUAL OCCUPATI	ION (Give kind of work 10	b. KIND OF BUSINESS OR INDUSTR		ty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY
	rking life, even if retired)		German	177	U. S. A.
housewite 13. FATHER'S NAME			14. MOTHER'S MAIDEN	7	0. 5. 11.
	D 14				
	Berndt		Johanna G		
	ER IN U.S. ARMED FORCES? fyesgivewarordates of service)		NFORMANT	Address	
no		none Ger	trude Rohron	loser 5/36 Fir	st Avenue #27
IB. CAUSE OF D	EATH [Enter only one cause	per line for (a), (b), and (c).)	0	/	INTERVAL BETWEEN ONSET AND DEATH
	H WAS CAUSED BY: IMMEDIATE CAUSE (a)	nelow vascula	n (locale	nt. c	ORSET AND DEATH
23	DUE TO		c.		
	1.0	andias das	len		
Conditions, if any	1-/	, , ,			
(e), stating the un	DIJE TO	C. (= = = 1)	d // //	
cause lest.) (c) (by the so	luses	9 pg per te	neun
PART II. OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	EN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
TA .	(ancin	ome 1	Cerric		YES NO
OR CONTRIBUTING	AS UNDERLYING 20b. CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY COURED	. (Enter nature of injury in	Part I or Part II of item 18.)	
		20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farr	n, 20f. (City or town)	(County) (State)
20c. TIME OF INJU		WhileNot While fect	ory, street, office bldg., etc		(555)
₹ p.m.	19	t work et work			
21. I certify the	hat (I) (Ihis hospital) a	Hended the deceased from	716	1969 10 5/1	3., 19.63 that (I) (we) las
saw the deceas	ed alive on 3/17	1962, and that	death occured at	P.M. from the causes	and on the date stated above
200 SIGNATURE	00				22b. DATE
1×90 97	and with	-Zes M		MED. STAFF DIRECTOR PHYS.	SIGNED
22c. PHYSICIAN'S	a		22d. ADDRESS		
NAME (Type)	Tames Fre	ederick, M. D.		Francis Ave F	lalethorpe 27, Md.
DO DUDIAL CREMATI	ON, 23b. DATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATION (City, to	
REMOVAL (Specily)					
Burial	3/16/62	Glen Haven C		A.A.Co.,Glen	
24 FUNERAL DIRECTOR		ADDRESS		C'D BY REGISTRAR 25b. RE	SISTRAR'S SIGNATURE
noward H.	nubbard 410/ V	Wilkens Avenue #	29 DATE	MAR 1 4 '62	Tribus S. Kraus



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) Baltimore e. STATE b. COUNTY by the and 2 death. MARYLAND Marvland b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Fort Howard 30 Days Baltimore
d. STREET ADDRESS filled ir d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) e. IS RESIDENCE ON A FARM? YES NO Veterans Administration Hospital 846 Bethune Road completely papers. Day DECEASED (Type or print) WILLIF PATMER DEATH March 1962 12 and cor 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Male Negro WIDOWED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Laborer Construction Greenville, South Carolina U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Walter Palmer Lula Cristwear 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Fort Howard Division (Yes, no, or unkown) | (If yes give war or detes of service) Clinical Records, VAH, Baltimore 18, Maryland WW T 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY BRONCHOPNEUMONIA IMMEDIATE CAUSE (a) RECENT DUE TO CARCINOMATOSIS, GENERALIZED UNKNOWN gave rise to immediate cause DUE TO (a), steting the underlying CARCINOMA, THYROID PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY as of PERFORMED? NO 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 2Dc. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour a.m. at work et work 21. I certify that (K (this hospital) attended the deceased from February, 10162, toMarch 12....., 1962, that (K) (we) last saw the deceased alive on March19...62, and that death occured af pm...M, from the causes and on the date stated ebove. 22b. DATE 22a. SIGNATURE SIGNED ATTENDING PHYS. DIRECTOR 22d. ADDRESS NAME (Type FUNE CRAHAN. M.D VAH. BALTO. 18, MD. FT HOWARD DIVISION THOMAS F. 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) 高点 0 Baltimore National Cemetery Baltimore 28, Maryland Burial 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) 15M 9/60 Chillian S. Thank Elroy O. Wilson 1000 Brantley Ave. Balto. 17, Md.

. A. S. U milione Strong Light Bories and in the U. S. A. Definitions of Jean and CILITATE HOUSENESS LOT CLAY BURGETS AND TO LIVE HER < ~ C The social country products LEVISE, CLEW, M.D. THE TANK OF THE PROPERTY OF THE PARTY OF THE Burton Colored Telegon (Colored Telegon) Colored Science St. Horseld Colored ALTON C. WALBON 1000 Bromolog Ayo. Bokec. 11, 12.

1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLA CERTIFICATE OF DEATH 028	AND 94
in by the funeral and 2 should er dearth.	PLACE OF DEATH a. COUNTY b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest RURAL and gi	
thin pletely filled i papers. Pages 72 hours aft	d. NAME OF HOSPITAL ORANSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS d. STREET ADDRESS	IS RESIDENCE ON A FARM? ES NO Year
ifficate be exesician and commove carbon present, within	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. SATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF L	UNDER 24 HRS.
the death cer a stending phy: Then please rer oval, and in any	EATHER'S NAME Tatrick Garrie Le Master Was DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT es, no, or unkown) [lifyes give weren tales of service] Address Change Address	
The law requires that attending physician. as been signed by the burial-transit permit. I ial, cremation, or removing		AL BETWEEN AND DEATH SULD
PHYSICIAN: the hospital or this certificate h for use as the lth prior to bur	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. V	VAS AUTOPSY PERFORMED?
ATTENDING of retained by CTOR: After Id be detached Dept. of Hea	20c. TIME OF INJURY Month, Dey, Yeer Hour a.m. 19 20d. INJURY OCCURRED While Not While at work 20m. PLACE OF INJURY (Home, ferm, factory, street, office bldg., etc.) 20m. March 23, 1962, that saw the deceased alive on March 15 1962, and that death occured at M, from the causes and on the date	(Stete)
Page 4 may b NE.M. DIRE. Or, page 3 should with the State	220. SIGNATURE/ (Quulant lange) M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. D 22c. PHYSICIAN'S NAME (Type) KENNARD, YAFFE M.D 5501 FOREST Park Que	22b. DATE
A V V V V V V V V V V V V V V V V V V V	as BURIAL, CREMATION, 23b. DATE THEREOFY 23c. NAME OF CEMETERY OR CREMATORY 23d. MOCATION (City, town or country) permoval (Specify) 3/2 3/62 Cemeland Klyn, De Daling Garing. FUNERAL DIRECTOR'S SIGNATURE APPRENT APPRENT CONTROL STORY MAR 2 7 '62 ONLY STORY APPRENT STORY A	N.G.

1875 Later to the second of the second sect of the of the Charlenet new . Col 22 line from MINISTER OLD BY STANDED LOTTE N. A. J. J.

02903 CERTIFICATE OF DEATH Reg. Dist. No. 02895 director, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. Af institution: Residence before admission) a. COUNTY Filed a. STATE COUNTY MARYLAND MOYE eral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) RURAL and give nearest town nerr d. NAME OF HOSPITAL (If nat in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION YES NO NAME OF DECEASED First Middle 4. DATE Lost Manth Day Year OF DEATH (Type or print) 196 6. COLOR OR RACE 5. SEX 7. MARRIED NEVER MARRIED 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH Months Days Haurs WIDOWED M DIVORCED [10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 200 to IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and UNTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if ony, which gove rise to immediate DUE TO casse (o), stating the underlying couse last. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES 🗍 NO L 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I ar Part II af item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or tawn) Year (State) (County) Hour o. m. factory, street, affice bldg., etc.) While Nat while at wark ot work. p. m. 22 1962 that I last saw the deceased 21. I certify that Lattended the deceased fram alive an that death accurred at 6 T.M. from the causes and an the date stated above. ad tawn, state) DATE/SIGNED ACTUAL SIGNATURE AURENCE PHYSICIAN'S NAME (Type) ന 22a. BURTAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or caunty) (State) page REMOVAL (Specify) 23 FUNERAL PIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) DATE

15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

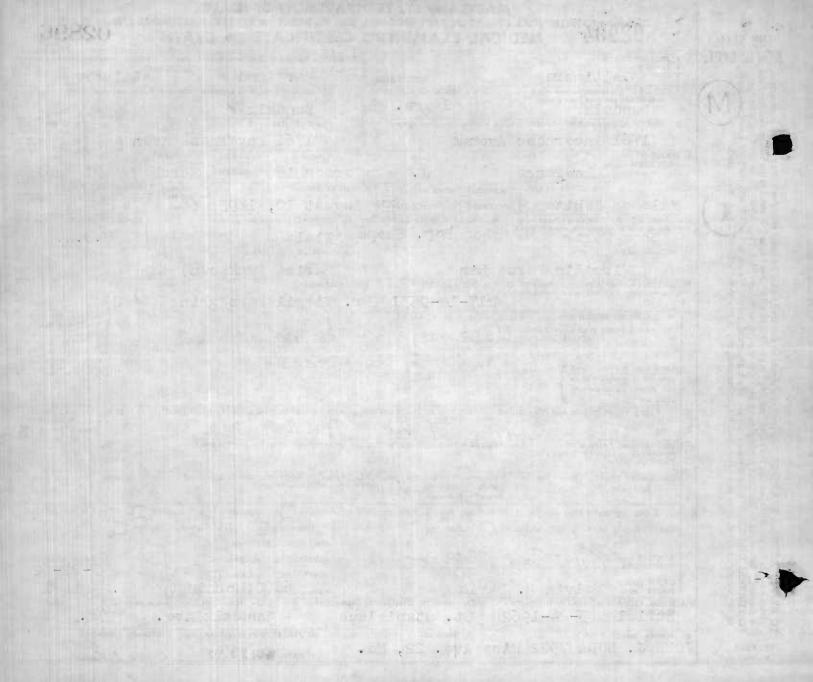
THE REPORT OF THE RESIDENCE OF THE RESID

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any case is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

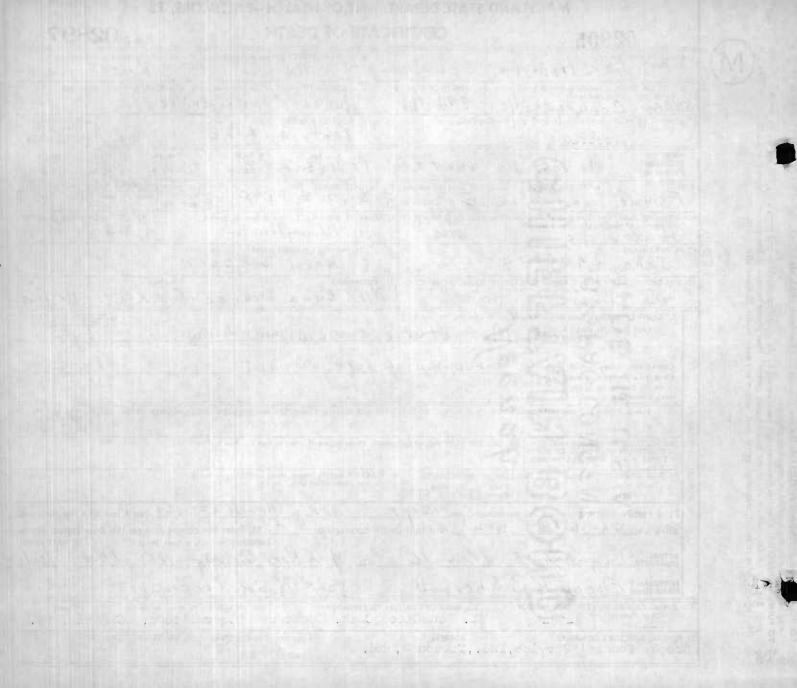
VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND WEDICAL EXAMINER'S CERTIFICATE OF DEATH 02896

	Ba.	timore	MARYLAND	o. STATE Mary	Land b. c	Baltim	Lief.
		if outside corporete fimits, I giva nearest town) L 1K	c. LENGTH OF STAY IN 16 2 yrs.	bunda	(If outside corporate fimits,	write RURAL and gi	va naarasi town)
	d. NAME OF HOSPI	TAL OR INSTITUTION (if not i	n hospital, giva straat addrass)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
	1761	Inverness A	venue	1761	Inverness	Avenue	YES NOX
	NAME OF DECEASED (Type or print)	Law rence	Middle	Perseghin	4. DATE NO POP DEATH Mal		21 1962
5.	SEX	6. COLOR OR RACE 7. MA	ARRIED NEVER MARRIED	DATE OF BIRTH			AR IF UNDER 24 HRS.
	Male	7.77 0 1	OWED DIVORCED	August 10.	1893 68y		/s Hours Min.
do	Shoe N	rking life, even if retired)	bb. KIND OF BUSINESS OR INDUSTRIBLE Shop		or foreign country)		S.A.
13.	FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		
		gilio Perse	9	Maria	(Unknown)	Section 1	
15. (Ye	was deceased ever, no, or unkown)	ER IN U.S. ARMED FORCES? fyesgiva war or detes of service)	16. SOCIAL SECURITY NO. 17. 217-14-9531	Ar. Virgil		dress (#2)	
-		H WAS CAUSED BY: IMMEDIATE CAUSE (a)		celusion	/	\(\(\ - \)	INTERVAL BETWEEN ONSET AND DEATH
ICATION		BIGNIFICANT CONDITIONS The state of the sta		Anne	INAL DISEASE CONDINON	I GIVEN IN PART 1(a	19. WAS AUTOPSY PERFORMED? YES NO 2
CERTIFI	20a. EXTERNAL C. PRIMARY ☐ or CC CAUSE OF DEATH.	ONTRIBUTING [escribe HOW INJURY OCCURED. (00%	6-2
MEDICAL	20c. TIME OF INJU Hour a.m. p.m.		20d. INJURY OCCURRED 20e. PLX While Not While fac It work at work	CCF OF INJURY (Home, fari dry, street, office bldg., etc	m, 20f. (City or town)	(County	(State)
		nat I took charge of the from: Natural causes	Accident . Suice	cide , Homicide	Undetermine		nd in my opinion
	SIGNATURÉ EXAMINER'S NAME (Typa)	Melvin B. D	avis	DEPUTY MEDICA	oca transfer 7	ton Rd.	3-22-62 Balt 22
22a		ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY O St. Stanisl	R CREMATORY	22d. LOCATION (City, Dundalk Av	town, or country)	(State) Md •.
	HN J. D		se Ave. 22, Md		C'D BY REGISTRAR 24b.	Cathur 2	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



death. Page 4 may be retained by the hospital or attending physician.

Yellow Towns and completely filled in by the funeral entering physician and completely filled in by the funeral entering physician and completely filled in by the funeral entering director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, gremation, or removal, and in any event, within 72 hours after depth. within 24 hours after The law requires that the death certificate be execu OR ATTENDING PHYSICIAN: TO HE

-	DIVISION OF STATISTICAL RESEARCH AND RECORDS CERTIFICAT	E OF DEATH	STREET, BALTIMO	RE 1, MARYLAN	40
1.	PLACE OF DEATH	I COM NI CCO-	E (Whara dacaasad livad, If i	nstitution 0289	or admis
	a. COUNTY Baltimore MARYLAND	a. STATE Md	b, COUN		
	b. CITY OR TOWN (if outside corporata limits, write RURAL and give nearest town)	c. CITY OR TOWN (IF	outsida corporeta limits, writa	11	town)
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Maryland Masonic Hune	d. STREET ADDRESS	2508 E. Madi	son St la.	IS RESIDE ON A FA
	NAME OF First Middle	ierce	4. DATE Month OF DEATH Make	Day	Yaar 19 L
5.	En 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	B. DATE OF BIRTH Feb. 21,186	7 9. AGE (In years last birthday)	Months Days Hou	NDER 24 I
10a dor	USUAL OCCUPATION (Give kind of work ne during most of working life, even if retired)	Millville	y & State, or foreign country)	12. CITIZEN OF WH	AT COUR
13,	John Loper	Mary C	amphell		
		asonic Hom	e Records - Co	ockeysvill	le
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lest. (c)	tio Candi	o-vrescular	clises ONSET A	us
z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMIN	AL DISEASE CONDITION GIVE		AS ALITA
ICATIO				YES [ERFORM
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)), (Enter natura of injury in Po	art I or Part II of itam 18.)	YES [ERFORME
2	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLA	O. (Enter natura of injury in Po ACE OF INJURY (Home, ferm, tory, streat, office bldg., atc.)	20f. (City or town)	(County)	ERFORMI NO
Ĭ.	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour e.m. 20d. INJURY OCCURRED 20e. PLA Fact	ACE OF INJURY (Home, ferm, tory, streat, office bldg., atc.)	20f. (City or town)	(County)	(Sta
ī. I	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour e.m. 19 20d. INJURY OCCURRED 20a. PLA While Not While at work at work at work 19 20a. PLA fect at work 10a. PLA Saw the deceased alive on 10a. PLA 22a. SIGNATURE Control of the point of the point of the deceased from 10a. PLA 22b. SIGNATURE AMD A PLAN MEDICAL EXAMINER ADD A PLAN MEDICAL EXAMINER A	ACE OF INJURY (Home, ferm, tory, street, office bldg., atc.) Oct. 1 I death occured at	20f. (City or town)	(County)	(State of the state of the stat
ī. I	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 21. I certify that (I) (this hoppited) attended the deceased fromsaw the deceased alive on	ACE OF INJURY (Home, ferm, tory, street, office bldg., atc.) death occured at .f.:	201. (City or town) 964, to Make 5M, from the causes a	(County)	(State of the state of the stat
WEDICAL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 21. I certify that (I) (this heapited) attended the deceased from saw the deceased alive on	ACE OF INJURY (Home, ferm, tory, streat, office bldg., atc.) A.D. ATTENDING MPHYS. Di 22d. ADDRESS OR CREMATORY	201. (City or town) 94. to Man. SM, from the causes and sector PHYS. 11. Man. 23d. LOCATION (City, town)	(County), 19—2, that (and on the date st	(State at 22b. D)

MARYLAND STATE DEPARTMENT OF HEALTH

we) last above. DATE SIGNED

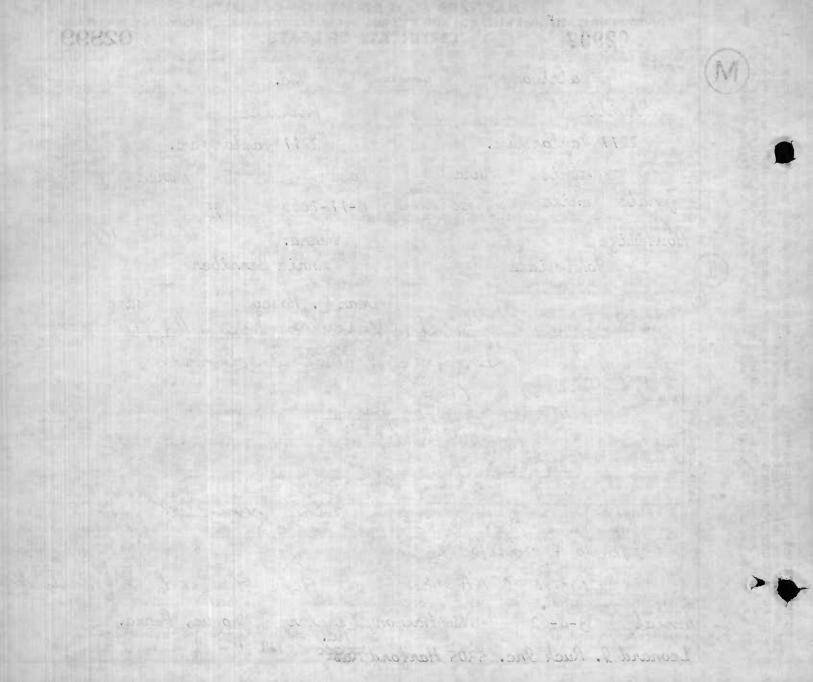
26 THE PARTY OF THE P Day of the second Prace Local Contraction Wadynas mall ASSAS WASES Margarite House Meaning Commenced THE STATE OF THE S Ellictific of the delay Factor, ac. 227 St. rul Street, Editione A, rules IO HO TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executivitied to hours after a death. Page 4 may be retained by the hospital or attending physician.

IN FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funerate director, age 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be director, and the state Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02907 CERTIFICATE OF DEATH 02899

	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
)	a. COUNTY Baltimore MARYLAND	a. STATE Md b. COUNTY P
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporale limits, write RURAL end give neerest town)
	write RURAL and give neerest town)	X Parkville
'	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADORESS a. IS RESIDENCE
	2211 Taulor Ave.	2211 Taylor Ave. YES NO PO
	3. NAME OF First Middle	Lest 4. DATE Month Dey Year
	(Type or print) Maggie Anna	Posey OF March 5 1962
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B.	DATE OF BIRTH 9. AGE (In yeers FUNDER 1 YEAR IF UNDER 24 HRS.
	gemale white widowed of divorced 1	4-11-1866 95 yrs. million
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Housewife	Penna. USA
-	13. FATHER'S NAMED	14. MOTHER'S MAIDEN NAME
L	John Riale	Annie Berriber
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II (Yes, no, or unkown) ((Ifyesgive war or dates of sarvice)	
		ean (. Posey same
	18. CAUSE OF DEATH [Enter only one cause per life for (a), (b), act (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (e)	minortrage 6-8hrs
	DUE TO 9	R. Land and and
	Conditions, if eny, which (b) where the	archosorous
	gava risa to immadiata cause (e), steting the underlying DUE TO	
	cause lest. (c) CGC —	
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
3	3 Ayperter	vscon , YES NO
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PEATH BUT NO 200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURED. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter nature of injury in Pert I or Pert II of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE	CE OF INJURY (Home, ferm, † 20f. (City or town) (County) (Stete)
	ZOc. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE fector work p.m. 19 et work et work	pry, street, office bldg., etc.)
	21. I certify that (I) (this hospital) attended the deceased from	196 210 Mar , 196 2 That (I) (we) last
		death occured a
	22e. SIGNATURE	22b. OATE
	Trank 1. Caser .	D. PHYS. MED. STAFF PHYS. DIRECTOR PHYS. They To Signed
	22c. PHYSICIAN'S	22d. ADDRESS 11 0 1 6 8 1 1
	NAME (Type) FRANK T RASTR	9005 Horford - Ry Dalla Md
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C	OR CREMATORY 23d. LOCATION (City, town or county) (Stele)
	burial 3-8-62 New Harmony	(emetery Broque, Penna.
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Rd. 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
	Leonard J. Ruck Inc. 5305 Hartord	POLICE DATE 102 Curhun S. Tursus



TO HO ALL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed fithin 24 hours efter death. Page 4 may be retained by the hospital or attending physician.

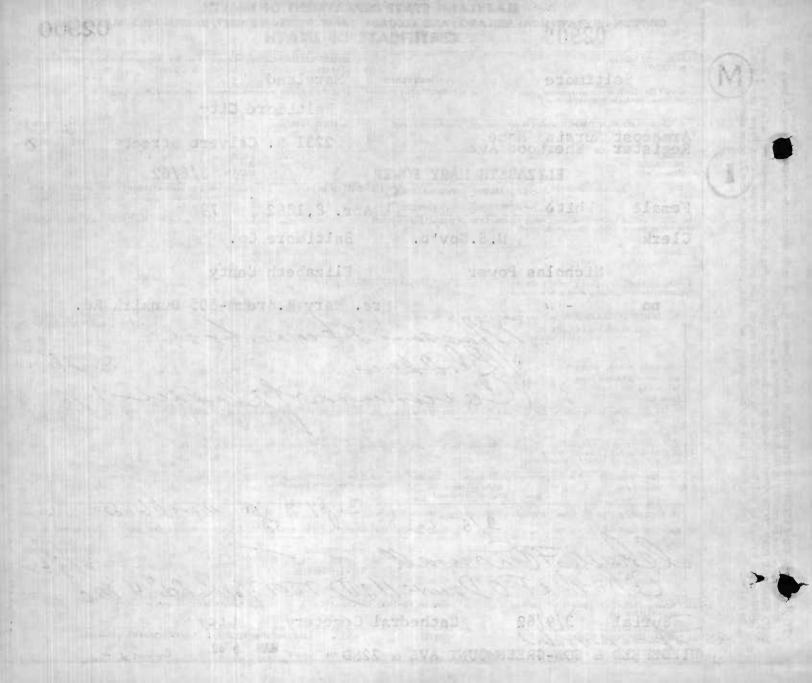
TO FUNERAL DIRECTOR: After this certificate has been signed by the ettending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 1SM 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND O CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased livad, If institution: Residence before admission)
a. COUNTY	a, STATE b. COUNTY
Baltimore MARYLAND	Maryland —
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL end give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	Baltimore City 3/11-4
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS v. 15 RESIDENCE
Armacost Nursing Home	2231 N. Calvert Street YES NO S
Recister & Sherwood Ave	Last 4. DATE Month Day Year
DECEASED	OF
ELLEADETH PLANT TOWER	
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min.
Female White WIDOWED DIVORCED	Anr 8 1882 70 yrs. Months Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (County & State, or toreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working lifa, even if retirad) Clerk U.S.Gov't.	Baltimore Co.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Nicholas Power	Elizabeth Canty
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (Ifyasgive war or datas of service)	INFORMANT Address
no - Mr	s. Mary R.Brehm-505 Dunkirk Rd.
18. CAUSE OF DEATH [Enter only one cause par line toy (e), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
1	- The state of the
DUE TO TANK	C . O O -
Conditions, if any, which gava rise to immadiate causa	- Sugar
(e), stating the underlying DUE TO	for me
cause last.	ma O Bladder Typ
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 18 WAS AUTOPSY PERFORMED?
THE STATE OF THE S	YES NO T
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20a. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)	O. (Enter natura of injury in Part I or Pert II of itam 18.)
OR CONTRIBUTING CAUSE OF DEATH OF (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	ACE OF INJURY (Nome, farm, 1 2Df. (City or town) (County) (State)
	tory, street, office bldg., etc.)
p.m. 19 et work et work	
21. I certify that (I) (this hospital) attended the deceased from.	267 3, 1956 to 1/12rch 6, 1967 That (1) (46) last
3 / - /	t death occured at S.A.M., from the causes and on the date stated above.
22a. SIGNATURE	22b. OAX
11/10/10/10/10/10/10	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.
22c. PHYSTCHAN'S	A.D. PHYS. PHYS. PHYS. 22d. ADDRESS
VAMORING ON VIES F. O DOMNELL	(XI) 2501 YOK Rd#4 md
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (Stata)
Burial 3/9/60 Cathedral	. Cemetery City
24 ELMERAL DIRECTOR'S SEGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
I precipited & store	414D 0.160
WIEDEFELD & SON-GREENMOUNT AVE & 2	2ND DATE MAR 9 02 Cirilwa & Though



ARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE ON A FARM?

YES NO TO

PERFORMED?

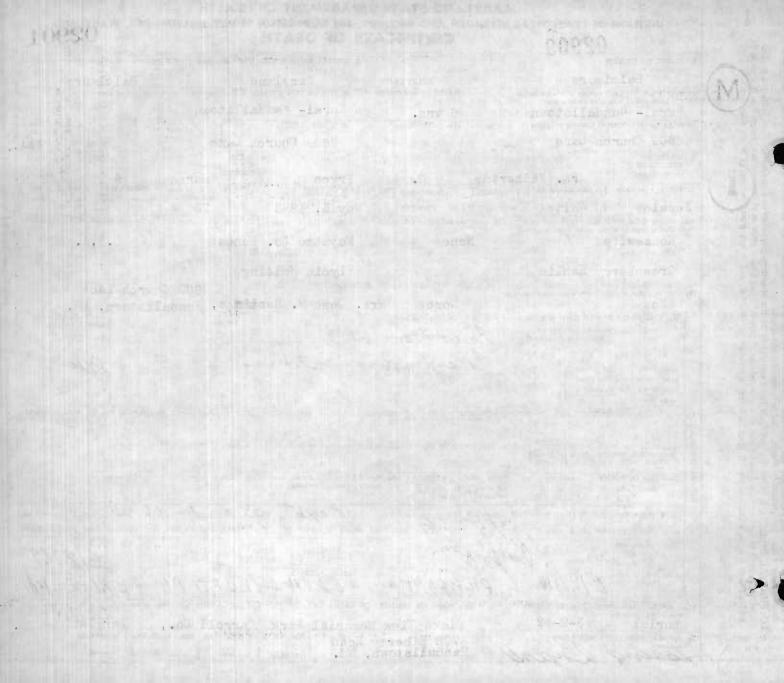
NO [

(State)

22b., DATE

(State)

Hours



VR A15 (4) 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

12910

CERTIFICATE OF DEATH

02902

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)				
•. COUNTY Baltimore MARYLAND	o. STATE Maryland b. COUNTY Baltimore				
b. CITY OR TOWN (il outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give neerest town)	c. CITY OR TOWN (II outside corporate limits, write RURAL end give neerest town)				
Catonsville	X Catonsville				
d. NAME OF HOSPITAL OR INSTITUTION (ill not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE				
House In The Pines → Catonsville	106 Nunnery Lane				
3. NAME OF First Middle	106 Nunnery Lane YES NO Lest A. DATE Month Dev Yeer				
DECEASED	OF				
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	Putts March 19, 19 62 Date Of BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.				
- 1	December 6, 1865 last birthdey) Months Days Hours Min.				
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
done during most of working life, even if retired)					
At Home	Baltimore, Maryland U.S.A.				
Edward D. Clarke	Irene Gray				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.					
(Yes, no, or unkown) (Ifyesgivewerordatesofservice)					
None Mr	s. Leonore Hooper -3706 Woodbine Avenue				
1B. CAUSE OF DEATH Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH				
IMMEDIATE CAUSE (e) Carelro Cascular alcident					
DUE TO					
Conditions, if eny; which) (b) ASCVD	10 44				
geve rise to immediate cause					
(e), steting the underlying DUE TO					
cause last. (c)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19. WAS AUTOPSY				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	PERFORMED?				
Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	YES NO				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. (Enter nature of injury in Pert I or Pert II of item 1B.)				
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)				
Bour a.m.	ory, street, office bldg., etc.)				
	1 12 May 62				
21. I certify that (I) (this hospital) attended the deceased from					
saw the deceased alive on 18 Man 19 6 2 and that	death occured at JAM, from the causes and on the date stated above.				
22e. SIGNATURE	ATTENDING MED. STAFF 22b. DATE				
James E. Kome	.D. ATTENDING MED. STAFF HYS. 3/19/62 SIGNED				
22c. PHYSICIAN'S	22d. ADDRESS				
NAME (Vype) James E. Rowe, M.D.	1011 Frederick Rd. Baltimore 28, Md.				
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY					
REMOVAL (Specify) 3/21/62 Woodlaws					
Durial	Cemetery Baltimore, Maryland				
HOWALLAND Climates	185 9 A 162 CONTRACT 2. 100 AMERICA				
Ellsworth Armacost-4600LibertyHghts.A	venue DATE				

* * * * PARELS , MET YEAR TO SEE THE SECOND S En com July - though stores I . still to the ercentife in the revers fill and reference to the state of the s Will worth and the control of the co

funeral P E ~ letely please

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13	DIVISION
	1. PLACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) b. COUNTY Baltimore Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give neerest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) mths 26dvs Baltimore
d. STREET ADDRESS IS RESIDENCE ON A FARM? 2824 Brighton Street HOSPITAL. SPRING SPATE YES NO 3. NAME OF First Middle DATE DECEASED March (Type or print) DEATH Raab 19 Josephine T. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 5. SEX B. DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. last hirthday) Months Hours female WIDOWED [DIVORCED July. 16. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or lorgian country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Bromo-Seltzer Mary land clerical 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Theresa Durr George Raab 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unknown) | (If yes give we ror detes of service 215-22-9036 Records: 18. CAUSE OF DEATH (Enter only one ceuse per line for (a), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO (b) geve rise to immediate cause DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(10) 19. WAS AUTOPSY PERFORMED? Kednews arterusclerosis NO X 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 200. ACCIDENT WAS UNDERLYING FT OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) Hour e.m. While Not While el work et work 21. I certify that (1) (this hospital) attended the deceased from July 18, 1961, to March 17 ..., 19.62, that (1) (we) last saw the deceased alive on March 17 19.62, and that death occured at 9.34M, from the causes and on the date stated above. ATTENDING PHYS. 22d. ADDRESS Dr Imre KOPITS.M.D.(K-7077) Caton sville 26, Maryland 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Stete) 4430 Belair Road 3-20-62 Holy Redeemer Cemetery 25m. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE

Chillian & Thomas

DATEMAR 2 0 '62

Wm.Cook, Inc., 1217 St.Paul Street, Baltimore 2

1005 Theresandlers SHEET THE SALE DAVIS OF THE PARTY OF THE PAR Marky I grader a Holyskelderet Cometter at 4630 being think

	02912 1. PLACE OF DEATH		2. USUAL RESIDEN	CE (Where decaasad lived, if instit	ution: Residence before edmissio		
IVI	Baltimore	MARYLAND	a. STATE	ryland b. COUNTY	Poltimore		
To o	b. CITY OR TOWN (if outside corporate limits.	c. LENGTH OF STAY IN 16		If outside corporate limits, write RUI	RAL end give nearest town)		
9	write RURAL and give nearest town) Fort Howard	9 days	Do1+4	more - 16	2401-4		
# KA	d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	spital, give street address)	d. STREET ADDRESS	THOLE - TO	o. IS RESIDENCE		
ours	Veterans Administration	- All Carlotte Committee C	3402 Fai	rview Avenue	YES NO		
	3. NAME OF First DECEASED (Type or print) ROBERT	Middle	RANDALL	4. DATE Month OF DEATH March	Dey Year 2 19 62		
	5. SEX 6. COLOR OR RACE 7. MARRIE		DATE OF BIRTH	9. AGE (In years IF U			
	Male White WIDOWE		arch 6, 1895	last birthday) Mo	nths Days Hours Min.		
- 1	10a. USUAL OCCUPATION (Give kind of work 110h K	IND OF BUSINESS OR INDUSTRY	1 11. BIRTHPLACE (Cour		12. CITIZEN OF WHAT COUNTE		
	done during most of working life, even if retired)	iation Industr		on, Mass.	U.S.A.		
(13. FATHER'S NAME		14. MOTHER'S MAIDEN				
(II)	Robert Randall		Lena F	ritz			
0	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. II		cal Records deless V	A Hospital		
	(10s, no, or unkown) (lifyesgive wer or dates of service)			d. FORT HOWARD D			
	18. CAUSE OF DEATH [Enter only one cause per		omitto hoy i		INTERVAL BETWEEN ONSET AND DEATH		
	PART I. DEATH WAS CAUSED BY: CORONARY OCCLUSION						
	Conditions, if eny, which gave rise to immediate cause (b) GENERALIZED ARTERIOSCLEROSIS						
	(a), steting the underlying	EPHROCALCINOSIS			Several ye		
2	Cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAI						
	<u> </u>	CRIBE HOW INJURY OCCURED.		Bart Bart 10 s	YES K NO		
	OR CONTRIBUTING CAUSE OF DEATH	CRIBE HOW INJURY OCCURED.	(thier natura of injury in	Part I of Pert II of Item 15.)			
-31					(6)		
	20c. TIME OF INJURY Month, Dey, Yeer 20d. While the work was a second with the		CE OF INJURY (Home, farr bry, street, office bldg., etc		(County) (Stata)		
	21. I certify that X) (this hospital) atten	ded the deceased from	Feb. 21	1962, to Mar. 2	, 1962, that XI) (we) I		
	saw the deceased alive on Mar. 2	19.62., and that	death occured af				
	22e. SIGNATURE		ATTENDING	MED. STAFF	22b, DATI		
	- n	М.	D. PHYS.	DIRECTOR PHYS.	3/3/62		
	22c. PHYSICIAN'S NAME (Type)	Tel	22d. ADDRESS				
1	BERNARD N. BAT.	HON, M.D.		18, Md. Fort How			
1			CREMATOR	23d. LOCATION (City, to on or	I Cheel Charles		
1	23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Chamption 3567	23c. NAME OF CHARTERY OF		230. 100211011 (611)	111		

MARYLAND STATE DÉPARTMENT OF HEALTH

AND CHARGE TO SERVE SERVICE SERVICE SERVICE SERVICES 1577 Tel #0000000 TO SECTION AND INC. I - SERVE STEEL STEEL manifest of the sound of the so reduced an Changing of the below the control in temper ativi anal And Lobot AV - discool I sell Horse and the land of the land MATERIAL COLORS TO LESS THE SECURIOR SALES the Attendance of the second contract of the State of the with the beauty of the first average to the Tribuland Chernylleint . I deline come a mante . I . M

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1 MAR MEDICAL EXAMINER'S ITH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) a. COUNTY necessary, actor. Page **b.** COUNTY Maryland files. Baltimore MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) director. write RURAL and give neerest town) Dundalk Dundalk d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE for Bo ON A FARM? funeral 636 Main Street 636 Main Street retained YES NO DATE 3. NAME OF Middle Month Year DECEASED (Type or print) DEATH March 24 19 62 Clifton R. Ransome with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX may d 2 wi 63 birthdey) Months May 15, 1898 Male Colored WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retirad) U.S.A. Rappahannock, Virginia Self Employed Produce 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Emma Pavne Turner Ransome 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yas, no, or unkown) (Ifyesgivewerordetesofservice) Isabell Ransome - 636 Main Street 18. CAUSE OF DEATH fEnter only one cause per life for (a), (b), end (c). INTERVAL BETWEEN Office along burial-transit ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: " in pencil IMMEDIATE CAUSE (a) DUF TO Conditions, if eny, which geva risa to Immadiata cause the word "pencer's in-dical Examiner's N 40 DUE TO (a), stating the undarlying causa lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED 2Db. DESCRIBE HOW NJURY OSCURED. (Enter natura of injury In Part I or Part II of item 18.) 2Da. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | MEDICAL EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) should be forwarded to the Chronical Director of Pure Chronical Director of Page Chronical Director of Not-While While Hour a.m. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 1 Inquiry and in my opinion Suicide Homicide Undetermined manner death resulted from Natural causes Accident CHIEF MEDICAL EXAMINER designated ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY-MEDICAL EXAMINER EXAMINER'S Address (Street, city town, or sountly) NAME (Type) DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stete) 22a, BURIAL, CREMATION, REMOVAL (Specify) 28, 1962 Baltimore. Baltimore National 240 g Burial 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME Charles R. Law - 802 Madison Ave., Balto., Md. DATE MAR 2 8 '62 aribur S. Thous 5M 7/59

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TO D. ITY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If delay is necessary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the timeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FURSTAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with The State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 2 hours after death.

VR A15ME 5M 1/62

MARYLAND STATE DEPARTMENT OF STATES ALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 29 MARYLAND STATE DEPARTMENT OF HEALTH

1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmi				
Baltimore MARYLAND	o. STATE Md b. COUNTY				
b. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town)				
Lansdowne	Baltimore				
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS				
	ON A FARMS				
Nellway road back in woods	2563 Marbourne Ave 30				
3. NAME OF First Middle	Last 4. DATE Month Day Year				
(Type or print) Donald F. Raubach	DEATH Mch . 31 . 19 62				
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.				
	7 1075 last Firthday Months Days Hours Min.				
Male White WIDOWED DIVORCED IN 108. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTI	75-77				
done during most of working life, even if ratirad)	and a second				
Helper American Smelting	Baltimore U.S.A				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
William Raubhch	Esther M.Frey				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17					
(Yas, no, or unkown) (Ifyesgiva war or dates of sarvice)					
Yes Koren War Ka	therine S Raubach 2563 Marbourne Ave.				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH				
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carbon monoxi	de poisoning Acute				
97 DUE TO					
Conditions, if any, which (b) gave rise to immediate cause					
(e), stelling the underlying DUE TO					
cause lest.					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY				
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Inhalation of Carbon monoxidar					
20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.	inholo in floor of cars, car closed				
20c TIME OF INJURY Month, Dey, Year 20d, INJURY OCCURRED 20e. PLA While Not While left work at work at work at work at work					
Thour e.m. While Not While at work at work st	lory, streat, office bidg., etc.) Lansdowne Balto Md				
21. I certify that I took charge of the remains described above, he	ald an Autopsy . Inspection . Inquiry . and in my opinion				
death resulted from: Natural causes , Accident , Suic	ide # Homicide , Undetermined manner				
01 1- 11 11	CHIEF MEDICAL EXAMINER				
ACTUAL LES MINISTER	ASSISTANT MEDICAL EXAMINER DATE SIGNED				
SIGNATURE	M.D.				
EXAMINER'S Goo, S.M. Kieffer M.D	DEPUTY MEDICAL EXAMINER 1010 Leeds Ave (29)				
NAME (Type)	Addrass (Streat, city, town, or county)				
228. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify)	(Siele)				
Burial 4/4/62 Baltimore Na	ational Cem. Baltimore City, Maryland				
23. FUNERAL DIRECTOR ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE				
Howard H Hubbard /107 Wilkens Avenue #	2 4 6 4				
Howard H. Hubbard, 4107 Wilkens Avenue #	29 DATE APR 4 '62 Cirthur S. Thuma				

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before a. COUNTY b. COUNTY Maryland Baltimore by the and 2 death. MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Baltimore 8 Days Fort Howard papers. Pages in 72 hours after d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? 3951 Roland Avenue Administration Hospital YES NO Y completely DATE Month Day DECEASED 19 62 REFFNER 29 (Type or print) WARREN DEATH MARCH and cor event, with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. B. DATE OF BIRTH last birthday) The law requires that the death certificate be Male WIDOWEDXX DIVORCED гетоуе 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, avan if retired) Construction Altoona, Pennsylvania
14. MOTHER'S MAIDEN NAME U.S.A. Truck Driver 13. FATHER'S NAME please Anna Tipen Jermiah Reffner 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO.1 Address Juniat (Yas, no, or unkown) | (Ifyas giva war or datas of servica) ng physician. 217-20-8358 Clin.Rec.VAH, Ft. Howard Division, Balto 18. Md 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: THROMBOSIS OF LEFT MIDDLE CEREBRAL ARTERY WITH 12 DAYS IMMEDIATE CAUSE (a) DUE TO RIGHT HEMIPLEGIA AND APHASIA (b) CEREBRAL ARTERIOSCLEROSIS UNKNOWN Conditions, if any, which gava rise to immediata cause DUE TO (a), stating the underlying uneral (c) ARTERIOSCIEROSIS, GENERAL UNKNOWN PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) WAS AUTOPSY PERFORMED? NO XX E 20a. ACCIDENT WAS UNDERLYING TI 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of itam 18.) OR CONTRIBUTING CAUSE OF DEATH m 0 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata) 20c. TIME OF INJURY Month, Day, Year factory, straat, offica bldg., atc.) Not Whila Hour a.m. H at work at work D. m. DIRECTOR

3 should be S (this hospital) attended the deceased from.....March 2 21. I certify that saw the deceased alive on... Mazzon 22b. DATE SIGNED ATTENDING DIRECTOR 3/29/62 PHYS. M D PUNERAL 22d. ADDRESS 22c. PHYSICIAN'S DANIEL R. ZOLL, M.D. VAH. BALTO 18. MD FT. HOWARD DIVISION 23c. NAME OF CEMÉTERY OR CREMATORY 23d. LOCATION (City, town or county) 23a, BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Spacify) 0.52 Grand View Cemetery Altoona. Pennsylvania Removal 24 FUNERAL DIRECTOR'S SIGN 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS VR A15 (4) Cintinon & Thous 15M 7/61 DATE APR 2 Glen Rock, Pa.

RYLAND STATE DEPARTMENT OF HEALTH

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De execut	L	and completely	arbon papers.	amoval and in any event, within 72 hours after death.
certificate		physician	e remove	ANY AVAN
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02916 CERTIFICATE OF DEATH 02908

)1.	PLACE OF DEATH	altimore		MAR	YLAND	2. USUAL RESIDEN * STATE Maryl	NCE (Where dec	easad lived, If b. COU	YTY	denca before	
	b. CITY OR TOWN (write RURAL eng	if outside corporate limits give neerest town) TOWSON 4	5,	c. LENGTH OF ST		c. CITY OR TOWN	(If outside corpo				
	Towson 301 West	Convalescent Chesapeak	not in hosp nt Hon e Aver	pital, give street ad ne nue	dress)	d. STREET ADDRESS	Dunkirk	Road		10	RESIDENCE N A FARM? NO X
3.	NAME OF DECEASED (Type or print)	First Harry	У	Middle F	3764	Reid	4. DATE OF DEATH	Marc			962
5.	SEX	6. COLOR OR RACE				DATE OF BIRTH			IF UNDER 1 YE	AR IF UND	ER 24 HRS.
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Re	ona during most of wo	ION (Give kind of work withing life, avan if retired ounting Dep	Fee	leral Res Bank	erve	Baltimore,	Marylan			S.A.	COUNTRY
13.	FATHER'S NAME	m C. Reid				14. MOTHER'S MAIDEN		Throng t			
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		ER IN U.S. ARMED FORG fyesgive werordeles of sa		none		Albert E.Th	nompson	Addrass Foley, 1		irk Ro	oad
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ATION	PART II. OTHER	Emphi	ions con		ATH BUT NOT	RELATED TO THE TERM	INAL DISEASE C	ONDITION GIV	VEN IN PART 1(a		AUTOPSY FORMED? NO
CERTIFICATION	OR CONTRIBUTING	AS UNDERLYING	20b. DESC	CRIBE HOW INJURY	Y OCCURED.	(Entar natura of injury in	Part I or Pert II	of item 18.)			
MEDICAL	20c. TIME OF INJU Hour a.m. p.m.	RY Month, Day, Yee	r 2Dd. II While at work			E OF INJURY (Home, fer ry, straet, office bldg., et		or town)	(County		(Stete)
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	220. SIGNATURE	fully. C	Ism	ran)	nD M.I	PHYS.	MED. DIRECTOR	STAFF PHYS.	3	3-19-6	2b. DATE SIGNED
1	22c. PHYSICIAN'S	Alfred	J. Os	sman, Jr	. 	22d. ADDIESS 1101 S	t.Paul S	Street,	Baltime	ore 2	**********
23	REMOVAL (Specify) BURIAL	ON, 236. DATE THER		23c. NAME OF Loudon		R CREMATORY Cemetery		TION (City, to 1 timore			(State)
	FUNERAL DIRECTOR	e's SIGNATURE wson, Inc.,	1050	ADDRESS		25e. RE	MAR 2 0	RAR 256. RE		NATURE	
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death. Page 4 may be retained by the hospital or attending physician TO FUNERAL DIRECTOR: After this certificate has been signed by director, 1999 3 should be detached for use as the burial-transit permit be filed with the State Dept. of Health prior to burial, cremation, or re VR A15 (4) 15M 9/60

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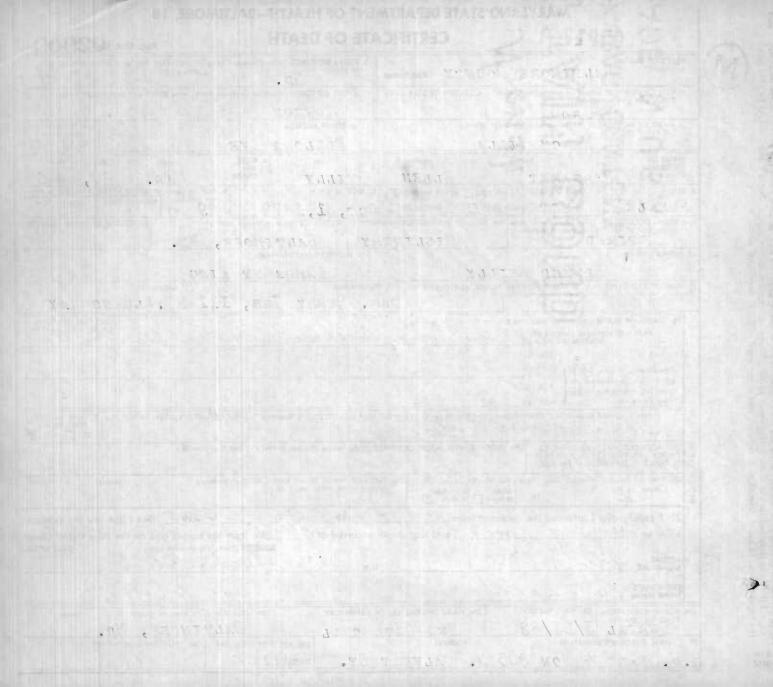
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Rasidance before admission) a. COUNTY b. COUNTY Baltimore Baltimore Mary land by the and 2 death. MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) writa RURAL and giya nearast town) 6mth23dvs Elkridge, Maryland Catonsville Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? 855 Montgomery Road GROVE HOSPITAL. SPRING STATE YES NO T 3. NAME OF Middle 4. DATE Month Veal DECEASED Louise (Typa or print) Rennie DEATH 19 5 SEX 6. COLOR OR RACE 7. MARRIED | NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. and last birthday) Months Hours female whi te WIDOWED T DIVORCED 10a, USUAL OCCUPATION (Giva kind of work OVE 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if ratired) housewife Mary land U. S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Martha Koch Tankananan 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Addrass (Yas, no, or unkown) | (Ifyasgiva war or dates of servica) Records: HOSPITAL none 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, gava risa to immadiata causa DUE TO (a), stating the underlying causa fast. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION PERFORMED? NO X 20a. ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I or Part II of itam 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20a, PLACE OF INJURY (Homa, farm, Month, Day, Year 20f. (City or town) (County) (Stata) Not While factory, streat, office bldg., atc.) Hour a.m. Whila at work at work p.m. 1902, that (I) (we) last 21. I certify that (IX (this hospital) attended the deceased from Aug. 21 19.61 to Fig. 10., that (I) (we) last saw the deceased alive on 19..., and that death occurred at AM, from the causes and on the date stated above. Aug. 2] SIGNATURE 22b. DATE 22a. ATTENDING SIGNED DIRECTOR PHYS. PHYS. Lezi 22c. PHYSICIAN'S 22d. ADDRESS GROVE STATE NAME (Typa) Catonsville 28, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (State) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF MOVAL (Specify) 256. REGISTRAR'S SIGNATURE DIRECTOR'S SIGNATURE ADDRES 25a. REC'D BY REGISTRAR VR A15 (4) arihung S. Thank 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

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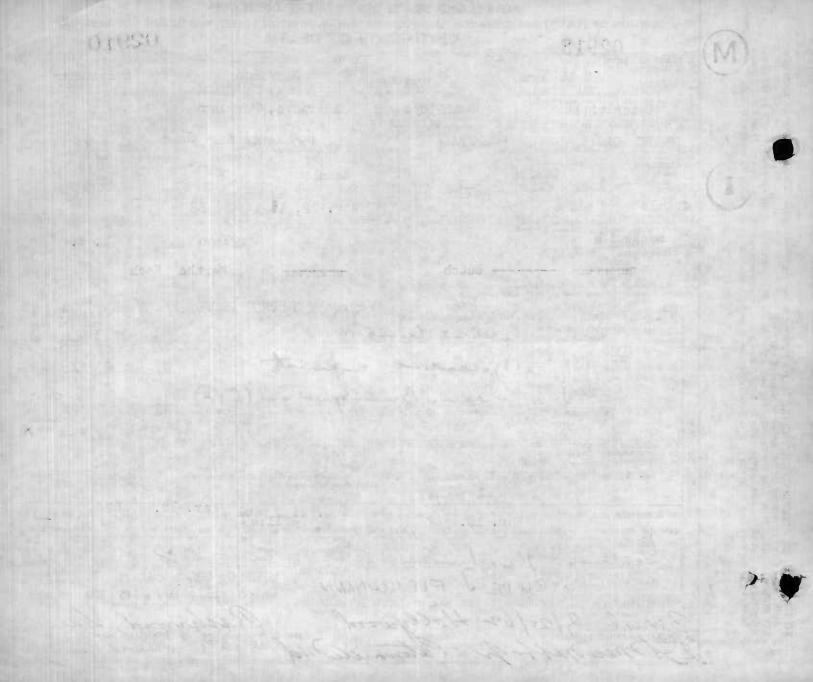
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01 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH 24 hours after USUAL RESIDENCE (Where deceased lived, If institution, Rasidence before admission) PLACE OF DEATH a. COUNTY b. COUNTY by the and 2 death. Baltimore MARYLAND Maryland b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Baltimore filled in Pages IS RESIDENCE ON A FARM? State Hospital Rosewood State Training School YES NO X completely papers. NAME OF Middle DECEASED OF (Type or print) REYNOLDS DEATH 20 19 62 Gussi e and cor 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Davs Hours WIDOWED DIVORCED Female Negro 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired! Philadelphia, Pennsylvania U.S.A. none dependent 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending Samuel Reynolds Bertha Cornelius Reynolds 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yes giva war or dates of sarvice) Owings Mills, Maryland Rosewood Records. 18. CAUSE OF DEATH [Enter only ona causa par line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to Immediata causa DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CATION PERFORMED? NO CERTIFIC 20a. ACCIDENT WAS UNDERLYING TI 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER! Month, Day, Yeer 20c. TIME OF INJURY 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, ' 20f. (City or town) (Stata) (County) factory, street, office bldg., etc.) While Not While Hour a.m. at work et work 21. I certify that 44 (this hospital) attended the deceased from 12/10 19.58 to 3/20 19.62, that (+) (we) last19.62..., and that death occured at. 7:16, Both the causes and on the date stated above. saw the deceased alive on..... 22a. SIGNATURE 22b. DATE ATTENDING SIGNED DIRECTOR PHYS. FUNERAL 22d, ADDRESS 22c. PHYSICIAN'S NAME (Typa TO For director, be filed Owings NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) 23a. BURIAL, CREMATION, 23b. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) I while & Thousa MAR 2 7 15M 9/60 DATE

RYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECO

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

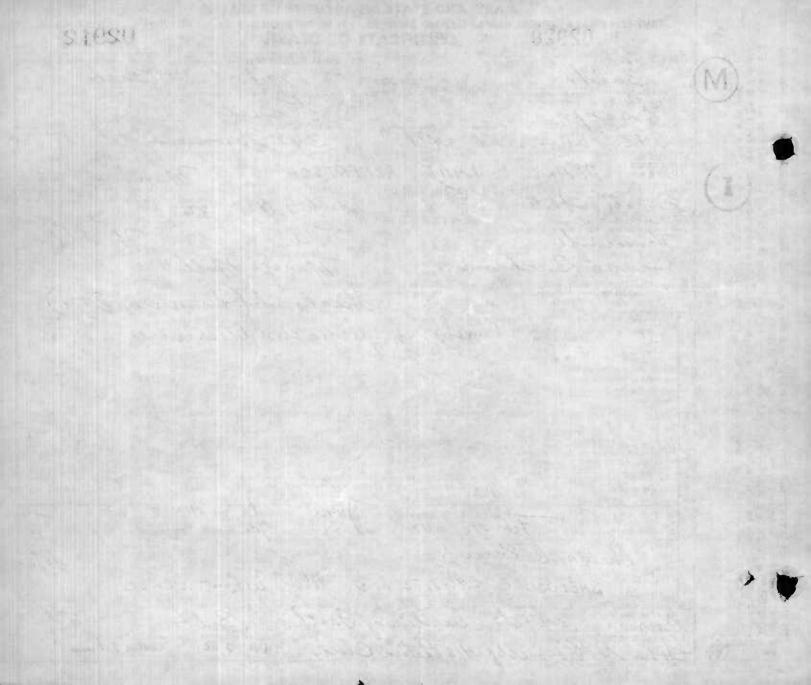
	UZ9ZU CERTIFICAT	E OF DEATH	02912
	1. PLACE OF DEATH e. COUNTY B. CITY OR IOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	o. STATE Md.	esed lived, If institution: Residence before edmission) b. COUNTY Sulfa, te limits, write RURAL end give neerest town)
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/	d. NAME OF HOSPITALOR INSTITUTION (if not in hospifel, give street address)	d. STREET ADDRESS Towns	reend ad. o. IS RESIDENCE ON A FARM? YES \ NO \
	3. NAME OF DECEASED (Type or print) PEARL JANE ROL	BERTSON 4. DATE OF DEATH	March 2 1962
	Female 2 thite WIDOWED DIVORCED		AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. Months Deys Hours Min.
	Housewell working life, even if retired	RY 11. BIRTHPLACE (County & State, or for	eign country) 12. CITIZEN OF WHAT COUNTRY?
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	(Yes, no, or unkown) (Ifyesgivewerordafesofservice)	Husband (Sa	me asabove)
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO	elojenous leur	Kenned Interval Between onset and death
	Conditions, if eny, which geve rise to immediate cause (e), stelling the underlying cause lest. (b) DUE TO (c)		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BE TO BE T	OT RELATED TO THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO
		D. (Enter neture of injury in Pert I or Pert II of	item 18.)
		ACE OF INJURY (Home, ferm, 20f. (City of tory, street, office bldg., etc.)	town) (County) (State)
	21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on	//	he causes and on the date stated above.
		ATTENDING MED. PHYS. DIRECTOR	STAFF PHYS. 22b. DATE SIGNED S/S/C>
	22c. PHYSICIAN'S NAME (TYPO) SHELDON C. ICRAVITZ, M.	D. 22d. ADDRESS Entur	- Place
	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c, NAME OF CEMETERY REMOVAL (Specify) 3-5-62 Bardins of	Faith Bn	ON (City, town or county) (Stete)
	Low I, Cornelly 418 bastern &	Blud. DATE HAR 9 62	256. REGISTRAR'S SIGNATURE CITCHIAN L. Thank

IO HOW ALOR ATTENDING PHYSICIAN: The law requires that the death certificate be execute within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

Yes a death. Page 4 may be retained by the hospital or attending physician.

Yes IO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral of director, page 3 should be detached for use as the burial-transit permit. Then please remove carpen-papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death





DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH directar Page PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY filed b. COUNTY ALTIMORE MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pe RURAL and give nearest town) ALTIMOR 200 LTIMOR d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? by REDERIC Rosedale Medical Center YES NO pub NAME OF Middle 4. DATE DECEASED MARCH DEATH Pages (Type or prin death S. SEX B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Doys Hours WIDOWED | DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Baltimore, Maryland USA Hardware Clerk 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Frederick Roessler Lina 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address Mrs. Alice B. Roessler-5211 Old Frederick Road No 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: MYOCARDIAL IMMEDIATE CAUSE (o) DUE TO DISEASE HEART PHELIMATIC Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20c. TIME OF INJURY Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. While Not while p. m. ot work ot work 19____, that (I) (we) last 21. 1 certify that (1) (this haspital) attended the deceased fram... MARCH 15 1962 and that death accurred at 10:39 from the causes and an the date stated above. saw the deceased alive an 220. SIGNATURE ATTENDING PHYS. STAFF PHYS. MED. M.D. DIREC 22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS FUNERAL HIKADELPHIP 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote) S 3-19-62 Western Cemetery Baltimore. Maryland

ADDRESS

25g. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

VR A15 (4) 1SM 9/59 24. FUNERAL DIRECTOR'S SIGNATURE

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MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
344	CEDTIEICATE	OF DEATH	

CERTIFICATE	OF DEATH
PERTITION I	OI DEATH

				_	Reg. L	Dist. No.	114
1. PLACE OF DEATH o. COUNTY B	altimore	MARYLAND	2. USUAL RESIDENCE (WHO STATE Md		If institution: Reside COUNTY	ence before admi	ission)
b. CITY OR TOWN (If o RURAL ond give near	outside corporate limits, write est town). nsville	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF a	utside corporote limit	s, write RURAL and	give neorest to	wn) 4
OR INICTITUTION	. (If not in hospitol, give street hady Nook Nu		d. STREET ADDRESS 806 N. M	ilton Av	enue	ON	A FARM?
3. NAME OF DECEASED (Type or print)	JOHN HE	Middle ENRY ROHM	Lost	4. DATE OF DEATH	Month March	Day	Year 19 62
5. SEX male	white widows		8. DATE OF BIRTH 1/3/1885	9. AGE	(In years if UNDE inthdoy) yrs.	Doys Haur	
100. USUAL OCCUPATION during most of working Foreman	(Give kind of work done 10b. g life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole Baltimo		12. C	ITIZEN OF WHA	AT COUNTRY
13. FATHER'S NAME	Leonard 3	J. Rohm	14. MOTHER'S MAIDEN N Kunigund		r		
35. WAS DECEASED EVER II (Yes. no. or unknown) (If	IN U. S. ARMED FORCES? 16. yes, give war or dates of service) 212-		nformant eonard F. R	ohm, 354	Address 5 Shann	on Dri	ve,13
Conditions, if any gave rise to imm couse (a), stating the lying couse lost.	mediate (CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE COND	TION GIVEN IN PA	ART 1(0) 19. WA	S AUTOPSY
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O (IF EITHER, NOTIFY MI) 20c. TIME OF INJURY Hour g. m. p. m.		Not while fa	ACE OF INJURY (Hame, form ctory, street, office bldg., etc	20f. (City or town	169	(County)	(State)
21. I certify that alive an	1 attended the deceas 3 1/6 1, 19			M, from the chapters (Street, city	auses and an		
PHYSICIAN'S NAME (Type)	W.E.Y	2c Greth	Ceta	nsville	asme		11/6
220. BURIAL, CREMATION, REMOVAL (Specify)	22b. DATE THEREOF 3/6/62	22c. NAME OF CEMETERY C		22d. LOCATION (C)) (St	ote)
	1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	ADDRESS ne, Inc.			One Sun &		

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE I 02923 CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, If institution: Rasidence before edmission) a. COUNTY b. COUNTY by the fand 2 s death. MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) write RURAL, and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d STREET ADDRESS m. IS RESIDENCE ON A FARM? Lton Road Dalton Rogo YES NO X completely 3. NAME OF Middle DATE Month Day Year 72 DECEASED OF 62 (Type or print) DEATH Mamie 19 5. SEX 6. COLOR OR RACE 7. MARRIED AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED lest birthdey) Months Hours WIDOWED DIVORCED physician 10e. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) retired 13. FATHER'S NAME Then please 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unkown) | (If yes give we ror detes of service) physician. same 1B. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY 10 2120 IMMEDIATE CAUSE (a) DUE TO Conditions. if eny, which gave rise to immadiate ceuse DUE TO (a), steting the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO YES 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) (Stata) Month, Dey, Yeer (County) fectory, street, office bldg., etc.) While Not While Hour a.m. et work et work CIOR M N2 31, 1962, that (1) (we) last 19.50 to..... saw the deceased alive on...... DIREC 22a. SIGNATURE 22b. DATE ATTENDING MED SIGNED PHYS. DIRECTOR FUNERAL 22d. ADDRESS NAME (Type) Harol Eager Street Burns, M.D. Balto. # director, be filed 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) REMOVAL (Specify) J. emeteru 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60

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ARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare deceased lived, If institution: Residence before admission) y is necessary, I director, Page or your files. e. COUNTY b. COUNTY Baltimore MARYLAND Maryland Baltimore b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) writa RURAL and giva naarest town) d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet eddrass) e. IS RESIDENCE ON A FARM? 3 to the funeral 7952 Kavanaugh Road Kavanaugh Road YES NO 3. NAME OF 4. DATE Middla DECEASED OF 2 with the (Type or print) DEATH IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8. DATE OF BIRTH rould be executed within 24 hours after death, in pencil in Item 18. Give Pages 1, 2, and 3 Office along with form PM3. Page 5 may burial-transit permit. File pages 1 and 2 withoval, and in any event within 72 hours. last birthday) Months WIDOWED 10a. USUAL OCCUPATION (Giva kind of work 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stale or foreign country 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, avan if ratired) Claw Handler Steel Virginia
14. MOTHER'S MAIDEN NAME USA 13. FATHER'S NAME Rufus Ryan Delia Kegley 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyasgivawarordatesofservica) Conley Bledsoe same as #2 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease DUE TO removal, This certificate should Conditions, if eny, which ease execute the certificate, writing the word "pending" should be forwarded to the Chief Medical Examiner's C FUNERAL DIRECTOR: Page 3 should be used as a b gave risa to immadiata causa DUE TO (e), stating the underlying cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO Bilateral fibrous obliterative pleuritis
AL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. TEnler nature of injury in Part I or Part II of itam 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. EXAMINER: 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm,) Month, Day, Year (County) (State) factory, street, office bldg., atc.) While Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection Inquiry and in my opinion death resulted from: Natural causes AX Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) HOWARD G. SHAUB, M. D. Addr 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY Addrass (Straet, cify, town, or county) 22e, BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or country) REMOVAL (Specify) 240 g Burial Baltimore National Baltimore, Maryland
248. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE ADDRESS 23. FUNERAL DIRECTOR Walter Brooks Bradley, Inc., Dundalk 22, Md DAIL MAR VS. AISME arling & Trava 5M 9/60 T

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare decaasad lived, If Institution: Residence before admission) a. COUNTY b. COUNTY Baltimore Maryland MARYLAND b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearast town) write RURAL and give nearest town) Fort Howard 12 Days Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straef address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO XX Veterans Administration Hospital DECEASED (Type or print) DEATH MARCH 19 JOHN SCOTT 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR 8. DATE OF BIRTH IF UNDER 24 HRS. last birthday) Months Male Colored WIDOWED DIVORCED 10a, USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Steta, or foraign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working lifa, even if retired) Chauffeur Baltimore, Maryland

14. MOTHER'S MAIDEN NAME U.S.A. Bakery 13. FATHER'S NAME Martha Richardson George C. Scott 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (Ifyasgivawarordatesofservica) Yes WW I

18. CAUSE OF DEATH |Enter only one causa per line for (a), (b), end (c). Clin.Rec.VAH, Balto., 18, Md.Ft. Howard Pirisionen ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Recent (9days) CEREBRAL INFARCTION IMMEDIATE CAUSE (a) DUF TO Conditions, if eny, which Unknown <u>ARTERIOS CLEROS IS</u> (b) gave rise to immadiata causa DUF TO (a), stating the undarlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES X NO F GASTRIC ULCER, HEALED. 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Pert II of item 18.) 20a. ACCIDENT WAS UNDERLYING 20e, PLACE OF INJURY (Home, farm, (Stata) 20d. INJURY OCCURRED 20f. (City or town) (County) Month, Day, Year

OR CONTRIBUTING CAUSE OF DEATH

20c. TIME OF INJURY __Not While factory, street, offica bldg., etc.) Whila Hour a.m. at work at work

saw the deceased alive on... March. 17....... 19.62., and that death occured 10:054, AMm the causes and on the date stated above.

22b. DATE

SIGNED

22a. SIGNATURE ATTENDING DIRECTOR PHYS. 22c. PHYSICHAIN

22d. ADDRESS NAME (Type)

DONALD W. STEWART, M.D. VAH, BALTIMORE, MD FORT HOWARD DIVISION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. REMOVAL (Specify)

Baltimore National Baltimore, Maryland Burial 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution, Residence before admission) e. COUNTY b. COUNTY Baltimore Maryland the d 2 MARYLAND by th b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest lown) write RURAL and give nearest town) Fort Howard 15 Davs Baltimore 13 ≘. d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street eddress) d. STREET ADDRESS Veterans Administration Hospital E. Lafayette Ave. completely 3. NAME OF 4. DATE Middle DECEASED (Type or print) LEON DEATH SCOTT ----March 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 5. SEX 9. AGE (In years | IF UNDER 1 YEAR B. DATE OF BIRTH and last birthday) Male Negro WIDOWED [DIVORCED October 15,1919 death certificate physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, evan if retired) Laborer Steel Company Emfield, N. Carolina 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 2 r attending physician. has been signed by the attending e burial-transit permit. Then pleas Edward Scott Ellen I. Scott 15. WAS DECEASED EVER IN U.S. ARMED FORCES? requires that the 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (Ifyesgive wer or detes of service) Clinical Records. VAH. Baltimore 18, Md. remova WW Fort Howard Division 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) BRONCHOPNEUMONTA DUE TO MALIGNANT HEPATOMA Conditions, if any, which gave rise to immediate cause METASTATIC HEPATOMA REGIONAL LYMPH NODES, PERITO-(a), stating the underlying NEUM AND LUNG PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) etached MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Month, Day, Year 20f. (City or town) factory, street, office bldg., etc.) While Not While Hour e.m. at work at work p.m. 21. I certify that (this hospital) attended the deceased from... March sew the deceased alive on..... 22a. SIGNATURE ATTENDING STAFF PHYS. DIRECTOR PUNERAL filed with the 22d. ADDRESS NAME (Type VAH BALTO 18 MD.FT HOWARD DIVISION THOMAS F. CRAHAN, M.D. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) 0 Buria] Baltimore 28, Maryland Baltimore National Cem. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE

Elroy O. Wilson 1000 Brantley Ave. Balto. 17, Md. DATE

VR A15 (4) 1SM 7/61

(County)

e. IS RESIDENCE ON A FARM?

YES NO

19 62

IF UNDER 24 HRS.

INTERVAL BETWEEN ONSET AND DEATH

RECENT

UNKNOWN

UNKNOWN

19. WAS AUTOPSY

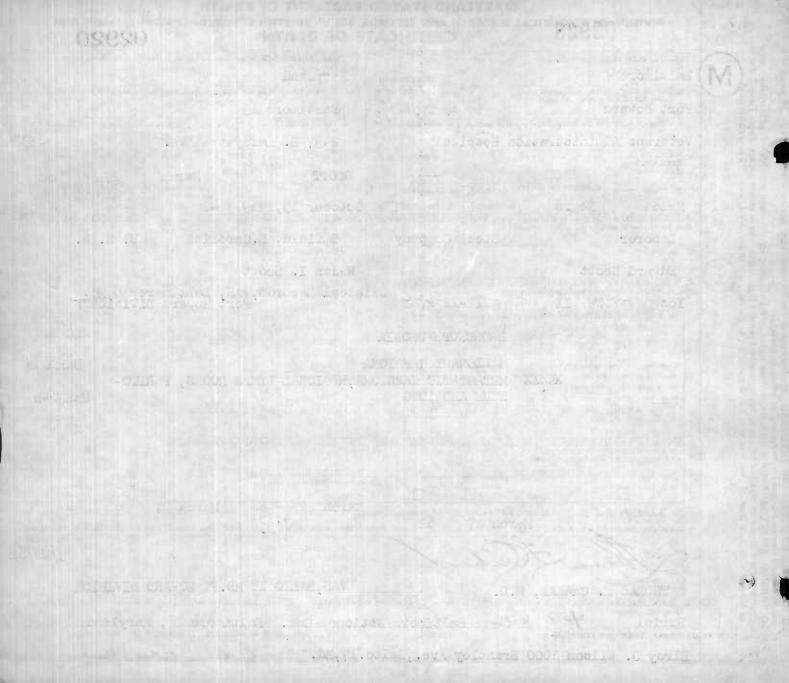
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(Stete)

22b. DATE

(State)

U. S. A.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY a. STATE b. COUNTY **Baltimore** MARYLAND Marvland b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) by writa RURAL and giva nearast town) ompletely filled in b papers. Pages 1 a nin 72 hours after d Catonsville Bal timore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? House in the Pines- Catonsville 1211 Hollins Street YES NO completely 3. NAME OF Middle DATE Month DECEASED OF (Typa or print) Fred DEATH Seward March . 19 62 and cor 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Male White Oct. 2, 1887 WIDO WED DIVORCED 10a. USUAL OCCUPATION (Giva kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working lifa, avan if retired) -self Grocer Baltimore, Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John L. Seward Mary A. ? a 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas, no, or unkown) | (Ifyas give war or dates of sarvice) Mrs. Fred W. Seward-1211 Hollins Street 18. CAUSE OF DEATH [Entar only ona causa per lina for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) has been signed he burial-transit i DUE TO Conditions, if any, which (b) gava risa to immadiata cause DUE TO (a), stating the undarlying certificate has by use as the bur prior to burial, causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CATION PERFORMED? NO F prior CERTIFI 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of item 18.) OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20a, PLACE OF INJURY (Homa, farm, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED I 20f. (City or town) (County) (Stala) Not While factory, street, offica bldg., atc.) MEDI While Hour a.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from... and that death occured at 200M, from the causes and on the date stated above. saw the deceased alive on M. 22b. DATE 22a. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. M.D. FUNERAL FCON PAGE 3 22d. ADDRESS 22c. PHYSICIAN'S NAME (Typa) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata) REMOVAL (Spacify) dir. 0 Loudon Park Cemetery Burial 258, REC'D BY REGISTRAR 258, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATUR VR A15 (4) 15M 9/60

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02930 CERTIFICATE OF DEATH Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 20 Minutes Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d STREET ADDRESS

1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Rasidence before edmission) Baltimore b. COUNTY c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) Fort Howard e. IS RESIDENCE ON A FARM? Veterans Administration Hospital 1631 Church Street YES NO X 3. NAME OF Middle 4. DATE Month DECEASED (Type or print) MARTIN S. DEATH SHALCOSKY March 19 62 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR last birthday) Months | Days February 5, 1914 Male WIDOWED X 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) | 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Columbia Co., Pennsylvania Proprietor - Ret. Tavern U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Shalcosky Katherine Belik 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Clinical Records, VAH. Baltimore 18, Maryland (Yes, no, or unkown) | (Ifyes give wer or detes of service) WW II Yes Fort Howard Division 18. CAUSE OF DEATH [Enter only one cause power for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: BRONCHOPNEUMONIA RECENT IMMEDIATE CAUSE (a) DUE TO LAENNEC'S CIRRHOSIS, LIVER UNITROWN (b) geve risa to immediate cause DUE TO (a), stating the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) | 19. WAS AUTOPSY CATION PERFORMED? CHRONIC ALCOHOLISM NO -CERTIFI 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, Month, Day, Yeer 20f. (City or town) Not While fectory, street, office bldg., etc.) Hour a.m. et work et work 21. I certify that (*) (this hospital) attended the deceased from 8:45 PM 3/9/9.62 to9:05. PM 3/9/1962, that (N (we) last saw the deceased aliye on March 2.... and that death occurred \$2.0.5M, from the causes and on the date stated above 22e. SIGNATURE ATTENDING STAFF DIRECTOR PHYS. M.D 22d. ADDRESS PHYSICIAN'S NAME (Type) CRAHAN, M.D. VAH, BALTO. 18 MD., FORT HOWARD DIVISION THOMAS F. 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)
Burial Holy Cross Cemetery Baltimore, Maryland 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE Wm.Cook-Blight, Inc. Baltimore 14, Md. DATE AR 1 6 '62 Orthur & Krown

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director, page be filed with th

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bed Police of the sound of the local of the sound of the

vithin 24 hours after death. Page 4 may be retained by the hospital or attending physician.

IO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death ATTENDING PHYSICIAN: The law requires that the death certificate be execu OR TO HO

VR A15 (4) 15M 7/61 MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 02923

1							
1	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission)					
1	Baltimore MARYLAND	a, STATE Mary land b. COUNTY Baltimore					
/ 	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and						
	write RURAL end give nearest town)						
-	Arputus 6/13.	XHYBUTUS.					
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS ON A FARM?					
1	1049 Klm Kd.	1049 KIM KOOD YES NO IN					
Ì	3. NAME OF First Middle	Last 4. DATE Month Dey Yeer					
-1	(Type or print) Paha + 111 5 h sua +	OF DEATH Mach Do 10 67					
ŀ	5. SEX 6. COLOR OR RACE 7. MARRIED TO MENTE 18	1187011 22 1760					
	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. Months Deys Hours Min.					
	Male white widowed Divorced	1/2 V 12, 19 / 8 43 yrs.					
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. EIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
1	Instructor Westinghouse	Penna.					
ł	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
V	Dry Charles	The act Dalan					
儿	ICAY STOVER	Therese Doley					
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I (Yes, po_for unknown) (Ifyesgive war or dates of service)	NFORMANT Address					
1	No 34 211-01-44271	+Imam Shaver 1849 5/m 16					
ľ	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN					
	PART I. DEATH WAS CAUSED BY:	ONOT AND STATH					
1	IMMEDIATE CAUSE (0) 190 Carres at	or function.					
	DUE TO 4						
-	Conditions, if eny, which (b)						
	gave rise to immediate cause						
	(e), stelling the underlying						
		T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY					
1	2	PERFORMED?					
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 208. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OF CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)	YES NO					
1	E 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OF CONTRIBUTING CAUSE OF DEATH	. (Enter neture of injury in Pert I or Pert II of item 1B.)					
-	(IF EITHER, NOTIFY MEDICAL EXAMINER)						
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, ferm, † 201. (City or town) (County) (Stete)					
	The same of the sa	ory, street, office bldg., etc.)					
-	p.m. 19 et work at work						
	21. I certify that (I) (this hospital) attended the deceased from	July 1959, to 3/22, 1964, that (1) (we) last					
	saw the deceased alive on 7/22 19.62, and that	death occured at					
1	220. SIGNATURE	22b. DATE					
	In Leveleut m	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 7					
1	12ec PHYSICIAN'S	22d. ADDRESS					
-1	NAME (Type) J. V. Fredovick AD						
	Citi i (dende in)						
	236. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY (OR CREMATORY 23d. LOCATION (City, town or county) (Stete)					
	Byrial 3/26/62 Lake View (emetory BaltimireCorrell Moryland					
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE					
-	Bunkress me 1328 Sellsher Sp. Pel'	DATESTAD 27:62 Orthur S. Krous					

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Rea. Dist. HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. COUNTY b. COUNTY files. Health, ALTIMORE 15alla MARYLAND b. CITY OR TOWN (If outside corporate limits, write BURA) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give Kegresi lown! d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? YES NO IT NAME OF Middle 4. DATE DECEASED OF (Type or print) 1960 offer 6. COLOR OR RACE 7. MARRIED THEYER MARRIED TI IF UNDER TYPAR IF UNDER 24 HRS 9. AGE (In years Months WIDOWED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY? TYPNITURE KEDEVIL 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 18. CAUSE OF DEATH [Enter only one cause per line for to), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Canditions, if ony, which gave rise to immediate couse **DUE TO** (a), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES T NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Not while 0 0 of work at work 21. I certify that I took charge of the remains described obave, held on Autopsy , Inspection . and in my Suicide . Hamicide . Undetermined manner opinian deoth resulted from: Natural causes . Accident . PIREC DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE FUNERAL DIR ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL CREMATION. 22d. LOCATION (City, town, or county) REMOVAL (Specify) 70 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE VS. A15ME DATE MAR 2 9 '62 5M 2/57

1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, E	1 BALTIMORE 1, MARY	YLAND
M	L	02933 CERTIFICATE OF DEATH	0292	25
M	1.	PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where decease		e before edmission)
- Communication	1	Baltimore MARYLAND B. STATE Maryland	b. COUNTY BAH	nore_
		b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate write RURAL and give nearest town)	limits, write RURAL and give n	
C. N		Cotonsville X Arbutus		
10		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS		IS RESIDENCE ON A FARM?
	1	orrest Hayen 1306 Birch A	Ve	YES NO
	3.	NAME OF First Middle Last 4. DATE OF	Month Day	Year
		(Type or print) L+FIE MAY SIPE DEATH M	Jarch 4	1962
	5.		GE (in years IF UNDER 1 YEAR Honths Days	IF UNDER 24 HRS.
		emale white widowed Divorced July 11, 189 7.	4 yrs.	
	10.	. USUAL OCCUPATION (Give kind of work ne during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign	gn country) 12. CITIZEN OF	WHAT COUNTRY?
	L	Housework Ounttome Virginia	45	7.
T	13	FATHER'S NAME		
4	L	Unknown		
	15. (Y	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT s, ng, or unkown) (Ifyes give wer or detectors ervice)	Address	
		No 216-07-95900 Hubert Sipe 2416	Christian	57.
		IB. CAUSE OF DEATH there only one cause per line for (a), (b), end (c).]	INTI	ERVAL BETWEEN SET AND DEATH
		IMMEDIATE CAUSE (a) If RISTORNOOTO CARPYTU-	VASOUM	
		DUE TO DISEPPER - PULMURARY ENEMA	0-	
		Conditions, if eny, which cave rise to immediate cause (b)		
		(e), stating the underlying DUE TO		
		cause last. (c)		
1	No.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONT	DITION GIVEN IN PART 1(e) 19	PERFORMED?
	15			res No
	CERTIFI	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of its OR CONTRIBUTING CAUSE OF DEATH	em 18.)	
		(IF EITHER, NOTIFY MEDICAL EXAMINER)		
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or to the factory, street, office bldg., etc.)	own) (County)	(Stete)
	ME	p.m. 19 et work et work		
		21. I certify that (I) (this hospital) attended the deceased from		
		saw the deceased alive on3/	causes and on the da	
			TAFF	22b. DATE SIGNED
		MANI PATTAGENE	HYS.	3/5/62
1		22c. PHYSTCIAN'S NAME (Type)	I para mai	
-		BLIRIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION	ON (City, town or county)	(State)
	23	REMOVAL (Specify)	- 11	(31010)
	-	BUT 13 3/1/62 Wood Jawn Cometery Boltim JUNETAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR	25b. REGISTRAR'S SIGNAT	TURE
0	124	7 150		
AR	4	more me. 1328 Sulphur Spring 141. DATE MAR 102	arthur S. His	MA

78820 A . ad . s

HEALTH DE TO DEPUT MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If ony defences any please execute the certificate, writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the fill all director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours, after death.

5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 02934

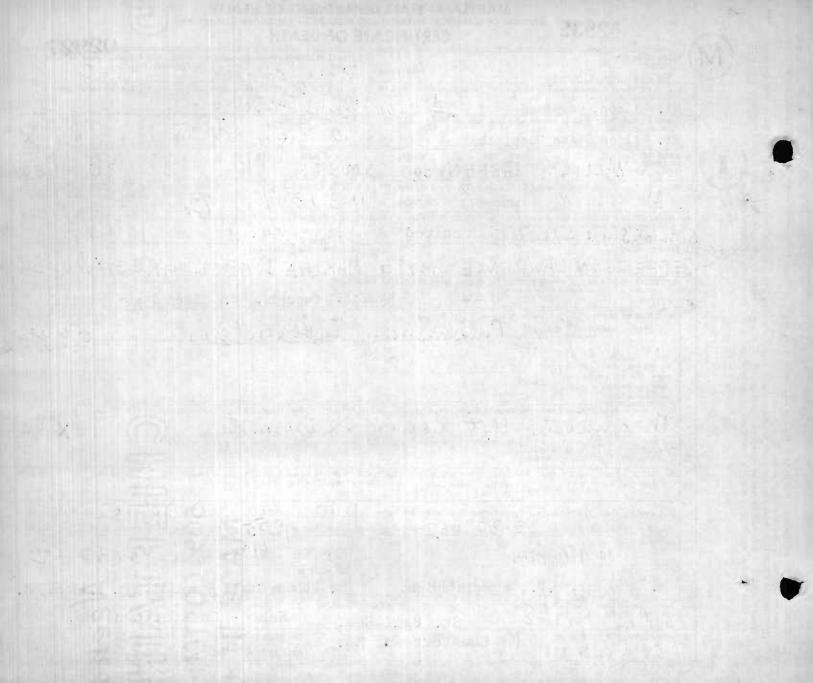
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02926 Reg. Dist. No.

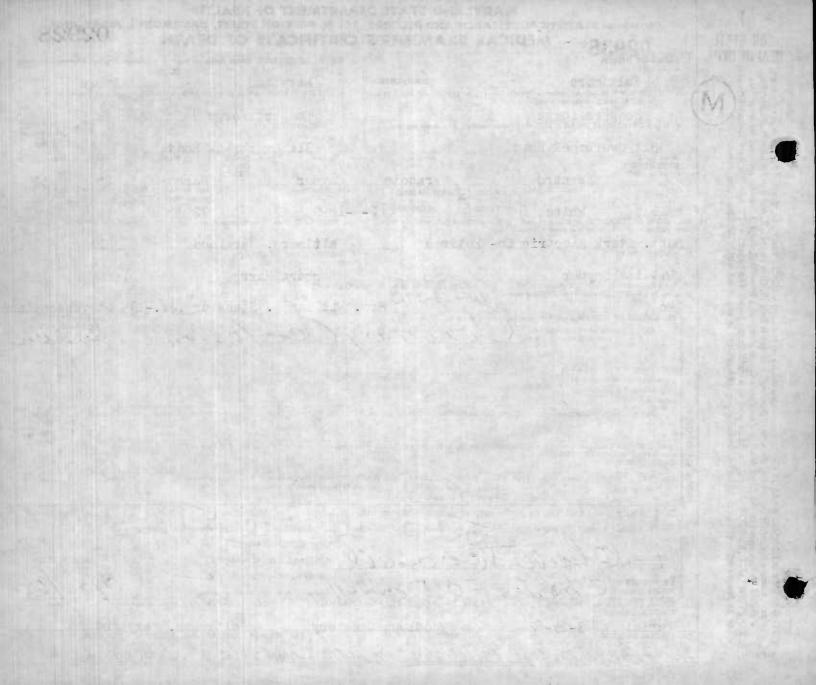
v dese								
T.	1. PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)						
	SALTO, COI MARYLAN	O STATE MD, B. COUNTY BALTO						
A	b. CITY OR TOWN (If autside corporate limits, write RURAL and give reparest Jown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
M	HOME	X COLGATE LONEZY						
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. 15 RESIDENCE ON A FARM?						
X		1 7919E, DALTO, ST YES ONO						
	3. NAME OF DECEASED First Middle	Lost 4. DATE Month Doy Year						
	(Type or print) 14RNOLD KAYMO!	VD SLAUBAU CHAN 3 27 1962						
1	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years lost birthday) Months Doys Hours Min.						
	WIDOWED DIVORCED	1/17/ ~ 1-19/ / 47/11						
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COU								
	-0, VV, VH,							
	ALPHA L. SLAUBAUGH	14. MOTHER'S MAIDEN NAME Description of Marketine Marke						
	712	BERTHA M. KNOTTS						
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no. or matnown] [If yes, give war or dotes of service) 16. SOCIAL SECURITY NO.	WM. SLAUBAUGH ARLINGTONVA.						
	18. CAUSE OF DEATH [Enter only one cause per fine for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERNAL BETWEEN ONSET AND DEATH						
	IMMEDIATE CAUSE (a)	OU UG (IVOA. Shortour)						
	DUE TO TO	- Oheot						
	Conditions, if ony, which gove rise to immediate couse	VIII-51						
	(o), stating the underlying DUE TO							
	7	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY						
0	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	PERFORMED?, YES NO D						
	TO EXTERNAL CALLSE WAS 206 DESCRIPE HOW INITIALLY OCCUPATION). (Enter noture of injury in Port I or Part It of item 18.)						
	PRIMARY DO CONTRIBUTING CAUSE OF DEATH.	in less chin						
	3 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e.	PLACE OF INJURY (Home, form, 201, (City or town) (County) (Stofe)						
	20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e.	factory, lytreet, office bldg., etc.) Butto vy - Butto - nec						
1	21. I certify that I took charge of the remains described a	bove, held an Autapsy , Inspection , Inquiry A and in my						
	apinian death resulted fram: Natural causes , Acciden	N Cylicide , Hamicide , Undetermined manner						
	max							
	SIGNATURE / 2 DOCT	M.D. CHIEF MEDICAL EXAMINER D						
7	ASSISTANT MEDICAL EXAMINER []							
1	EXAMINER'S NI-13-11 AUS M	DEPUTY MEDICAL EXAMINER						
	220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY	OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)						
	REN+BORIAL 3-30-62 GNEGY C	EMETERY DAKLAND - MD						
2	23. FUNERAL DIRECTOR'S SIGNATURE & ADDRESS -	and 1 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE						
1/20	MAYNE V. SPIG	GLE DATE MAR 2 9 02 Circhen S. Trans						

PARTICIPATION OF THE WARRENS CHELLED STREET

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH il director, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission a. COUNTY b. COUNTY MARYLAND Baltimore County b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) Mt. Wilson, Maryland d. NAME OF HOSPITAL (If nat in haspital, give street address) IS RESIDENCE ON A FARM by Mt. Wilson State Hospital YES T NO 2 NAME OF Middle DATE Year filled DECEASED DEATH (Type ar print) 19 1869 IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years S. SEX 8. DATE OF BIRTH last birthdoy) Months Days WIDOWED | DIVORCED | 10a. USUAL OCCUPATION (Give kind af work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State ar fareign, country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired retired Derinlende Hospital records, Mt. Wilson State Hospital no 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate DUE TO couse (o), stating the underlying couse lost. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO [200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRISE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part/II af item 18.) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) 20d. INJURY OCCURRED (Caunty) (State) factory, street, affice bldg., etc. Hour a.m. While Nat while ot wark at wark p. m. 21. I certify that (I) (this haspital) attended the deceased fram.__ _) that (I) (we) last and that death accurred at 2 saw the deceased alive an_ From the causes and an the date stated above OR 22o. SIGNATURE 22b, DATE DIRECT ATTENDING PHYS. DIRECTOR | 22c. PHYSICIAN'S 22d. ADDRESS Wm. Newcomer, M.D., Superintendent Mt. Wilson State Hospital, Mt. Wilson, Md. 23b. DATE THEREOF 23a. 8URIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, tawn, ar caunty) REMOVAL (Specify)
Burial 4/3/62 Near - Chestertown, Md St. Paul Cem. 25h REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE 2Sa. REC'D 8Y REGISTRAR Chestertown, Md. Orthur S. France VR A15 (4) DATE APR 4 1SM 9/59



ARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA MEDICAL EXAMINER'S CERTIFICATE TH DFP1 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) is ne... director. P... vour files. a. COUNTY e. STATE b. COUNTY Baltimore MARYLAND Maryland Baltimore b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give nearest town) Rodgers Forge Rodgers Forge d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address) Boar d. STREET ADDRESS e. IS RESIDENCE for funeral ON A FARM? retained YES NO Overbrook Road Overbrook Road Stat 3. NAME OF Middle 4. DATE Month Year DECEASED OF DEATH (Type or print) 19 Francis 62 Snyder Leonard March with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 5. SEX AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 3 ge 5 may band 2 with lest birthdey) Months Days Hours Min. WIDOWED DIVORCED Male 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Supt. Stark Electric Co- Retired Baltimore, Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Snyder Barbara Harr 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgivewerordatesofservice) Mrs. William B. Stansbury, Jr. - 135 Stevenson Lane 18. CAUSE OF DEATH [Enter only one cause per lin for (a), (b), and (c).] INTERVAL BETWEEN slong ansit SET AND DEATH PART I. DEATH WAS CAUSED 8Y: pencil IMMEDIATE CAUSE (a) Office DUE TO burial Conditions, il eny, which (b) "pending" gave rise to immediate cause 40 Examiner's DUE TO (a), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 3 cremat NO L pinous 2De. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury In Part I or Part II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. writing to Chief I MEDICAL 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De, PLACE OF INJURY (Home, farm, ! 2Df. (City or town) (County) (State) fectory, street, office bldg., etc.) Not While While Hour e.m. at work at work prior OR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection | Inquiry and in my opinion 0 MEDICAL lease execute the certific should be forwarded to PUNERAL DIRECTO death resulted from: Accident Suicide Homicide Undetermined manner Natural causes CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE designal DEPUTY MEDICAL EXAMINER DEPUTY EXAMINER'S NAME (Type) NINEI Address (Street, city, town, or county) 9389 22a. 8URIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or country) REMOVAL (Specify) Q40 ò Baltimore Maryland
248, REC'D BY REGISTRAR | 246, REGISTRAR'S SIGNATURE -29-62 Rurial FUNERAL DIRECTOR VS. A15ME 5M 7/59 arthur S. Thous



CERTIFICATE OF DEATH Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY Filed b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL one give neorest town shauld d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? YES NO 7 puo NAME OF Middle 4. DATE Month OF DEATH (Type or print) 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years lost-birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS Months Days WIDOWED T DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND-OF BUSINESS OR INDUSTRY 11. BIRTHP (ACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per line far (a). (b). and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Walt **DUE TO** Conditions, if ony, which gave rise to immediate DUE TO cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS Y PERFORMED? once Colitis YES NO TO 20a. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) 20d. INJURY OCCURRED (County) (State) Hour o. m. factory, street, office bldg., etc.) While Not while p. m. Dec., 1961, to 21. I certify that I attended the deceased from. , 1962, that I last saw the deceased alive on ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) poge REMOVAL (Specify) OF FAITH CEM 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24a. REC'D, BY REGISTRAR VS A15 (4) Carthur & Kraus 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

ours after MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYDAYS (02938 CERTIFICATE OF DEATH

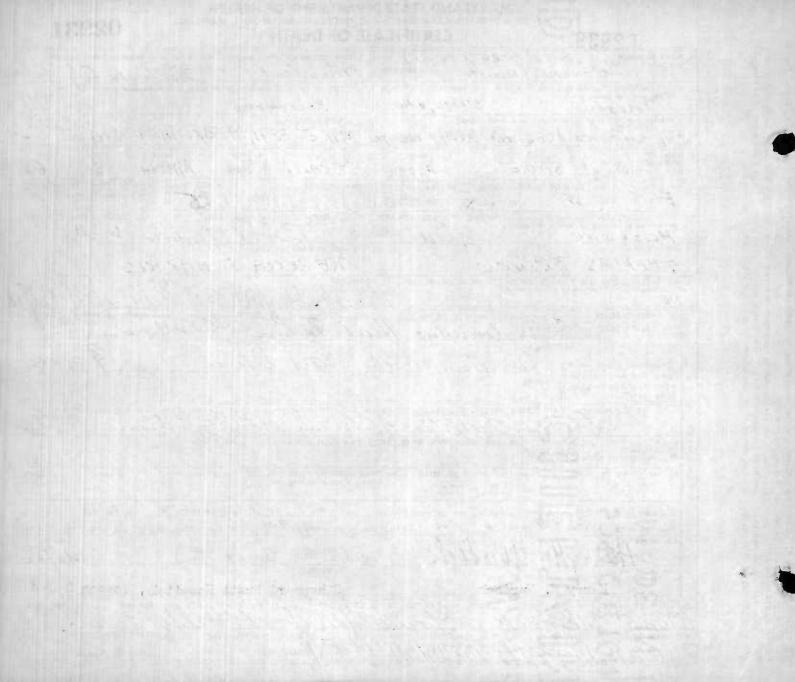
Saltimore City to To town if sublide compareds limits, with RURAL and give necessal town) Loch Raven Village 3 weeks 6. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 8606 Pleasant Plains Road 8606 Pleasant Plains Road 8606 Pleasant Plains Road 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH Formale White Moore of Business or industry December of the working lite, given if retired) School Teacher 10. Sublad Occupation lite, swent fretired) School Teacher 13. FATHER'S NAME JOSEPH Marth Ashbury 15. WAS DECEASED FYER IN U.S. ARMED IORCES 16. SOCIAL SECURITY NO. 17. INFORMANT NONE		1. PLACE OF DEATH a, COUNTY	2. USUAL RESIDENCE (Whara deceased lived, If institution: Residence before edmission)					
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Total Columnia Tota		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	Later Links and the second sec					
School Teacher Retired Baltimore, Maryland U.S. 14. Mother's Maiden Name Joseph Martin Ashbury 15. Was Decasse by the N.S. Armed Forces? 16. Social Security No. 17. Informant None None Mrs. Annabel P. Jessop, 8606 Pleasant P. 16. Cause of Death [Inter only one ceuse perline for [e]., [b]. and [e]. PARTILIZATH WAS CAUSE BY: (immediate ceuse (e). stelling the underlying ceuse lest. PARTILIOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.9 19. WAS AUTO- PARTILIOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.9 19. WAS AUTO- PARTILIOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.9 19. WAS AUTO- PARTILIOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.9 19. WAS AUTO- PARTILIOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.9 19. WAS AUTO- PARTILIOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.9 19. WAS AUTO- PARTILIOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.9 19. WAS AUTO- PARTILIOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.9 19. WAS AUTO- PARTILIOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.9 19. WAS AUTO- PARTILIOTHER SIGNATURE 20e. ACCIDENT WAS UNDERLYING TO PART II.9 19. WAS AUTO- PARTILIOTHER SIGNATURE 20e. ACCIDENT WAS UNDERLYING TO PART II.9 19. WAS AUTO- PARTILIOTHER SIGNATURE 20e. TIME OF INJURY Month, Dev, Year Month, Dev, Year Month, Country II.9 19. WAS AUTO- PARTILIOTHER SIGNATURE 21. I CERTIFY THAT II.9 19. WAS AUTO- PARTILIOTHER SIGNATURE 220. LOCATI		Female White WIDOWED X DIVORCED 1	A / A F / A C F C C C C C C C C C C C C C C C C C					
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22d. ADDRESS NAME (Typo) Anderson M. Renick Jr. M. D. 22d. ADDRESS NAME (Typo) Anderson M. Renick Jr. M. D. 23e. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Burial 3/21/1962 Lorraine Park Cem. 23d. Location (City, town or county) Woodlawn, Balto.ColMd. 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS		226. SIGNATURE ALO TOTAL	ATTENDING MED. STAFF 7/20/00 SIGNED					
Anderson M. Renick Jr. M. D. 1101 St. Paul St. (2) 23e. BURIAL, CREMATION, 23b. DATE THEREOF PRINCIPLE PARK Cem. Woodlawn, Balto.ColMd. 23e. BURIAL Specify Burial 3/21/1962 Lorraine Park Cem. Woodlawn, Balto.ColMd. 24e FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE								
Burial 3/21/1962 Lorraine Park Cem. Woodlawn, Balto.ColMd. 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS		NAME (Type)						
Burial 3/21/1962 Lorraine Park Cem. Woodlawn, Balto.ColMd. 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 250. REC'D BY REGISTRAR'S SIGNATURE WARD 2.0 'b2' MAD 2.0			OR CREMATORY 23d. LOCATION (City, town or county) (Stete)					
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 250. REC'D BY REGISTRAR'S SIGNATURE ADDRESS ADDRE			ark Cem. Woodlawn, Balto.ColMd.					
H.W. Jenkins & Sons Co.4905 York Rd Balto DATE MAR 20'62 Comm & Trans		24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE					
	V.I	.W.Jenkins & Sons Co.4905 York Rd	2. Md DATE MAR 2 0 'DZ Curling S. Trans					

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed as death, 33g 4 may be retained by the hospital or attending physician.

S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filler in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

OFFICE OF STREET Fill terrox Fill total total The Deal of the Section . Hard to be the state of the s The state of the s

CERTIFICATE OF DEATH with PLACE OF DEATH BALTIMORE COUNTY 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY mares land filed b. COUNTY. Tal France MARYLAND (LCC31/2) c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearly town) b. CITY OR TOWN (If autside carporate limits, write & LENGTH OF STAY IN 16 pe RURAL and give nearest town) BIEARS 4 MOS 70 BALTIMORE noson d. NAME OF HOSPITAL (If nat in haspital, give street address e. IS RESIDENCE d. STREET ADDRESS ON A FARM? ST. BALTIMORE ISTH 20 THE SHEPHAICO AND ENOUT PRATT HOSPATAL YES NO NAME OF SPRAGUE MARCH DEATH (Type or print) 9. AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B PATE OF BIRTH Manths Davs WIDOWED K DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIR HPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY? during mast of warking life, even if retired) HOUSEGUIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME THOMAS REBECCH IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT No 18. CAUSE OF DEATH [Enter anly one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: DUE TO Canditians, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? nallowe YES TI NO TO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (State) Day, Year (Caunty) factory, street, affice bldg., etc.) Hour a.m. Nat while While at wark at wark p. m 19 39 to Merch 4 19 62, that (1) (we) last July 25 21. I certify that (I) (this haspital) attended the deceased fram.__ saw the deceased alive on Merch 6 1962, and that death accurred at 930M, from the causes and an the date stated above. 22a. SIGNATUR SIGNED ATTENDING M.D. PHYS. DIRECTOR D 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) S heppard Pratt Hospital, Towson 4 Harry M. Murdock 230 BURIAL CREMATION, 23b, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, tawn, or county) page the St REMOVAL (Spec 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 2Sa. REC'D BY REGISTRAR DATE MAR Circling S. Thouse 15M 9/59



	02940 CERTIFIC	RDS, 301 W. PRESTON STREET, BALTIMO ATE OF DEATH	02022
1	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where daceased lived, If inst	
	Baltihore	Ma anstruction b. COUNTY	ilunon: Residence before admission;
/	b. CITY OR TOWN (if outside corporata fimits, c. LENGTH OF STAY IN		JRAL end give neerest town)
	write RURAL end give nearest town) Fort Howard 51 Days	Baltimore 23	3 VOI - 4
0	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	. IS RESIDENCE
63	Veterans Administration Hospital	342 South Stricker Street	YES NO
	3. NAME OF First Middle DECEASED	Last 4. DATE Month OF	Day Yeer
	(Type or print) JOHN J. B.	STEITZ DEATH March 1	1962
	5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF last birthday)	UNDER 1 YEAR IF UNDER 24 HRS.
	Male White WIDOWED DIVORCED	August 14, 1880 81 yrs.	
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY
) -	Machinist - Retired // // PSEU	Girardville, Pennsylvania	U. S. A.
-	Edwin Steltz 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Katherine Calhoun Clinical Records	
-	Yes SAW 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	VA Hospital, Baltimore 18,Md.	
	PART F. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (*) ARTERIOSCIEROTIC	HEART DISEASE	ONSET AND DEATH UNKNOWN
	1+20 d DUE TO		
	Conditions, it any, which (b)		
	geve rise to immediate cause (e), stating the underlying DUE TO		
	cause lest. (c)		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT Chrinic Brain Sundrome Associated wit		PERFORMED?
	Senile Emphysema. Bronchopneumonia.	RED. (Enter natura of injury in Pert I or Pert II of item 18.)	YES NO X
	Chrinic Brain Sundrome Associated wit Senile Emphysems. Bronchoneumonis 20a. Accident Was Underlying 20b. Describe How Injury Occu Or Contributing CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (LINE) Haldra of Injuly III Fell Tol Fell II of Hell 16.,	
	₹ 20c. TIME OF INJURY Month, Dev. Yeer 20d. INJURY OCCURRED 20e.	PLACE OF INJURY (Home, farm, † 20f. (City or town)	(County) (State)
	Hour a.m. While Not While	fectory, street, office bldg., etc.)	
		m January 9/ 1862 to March 1	19 62 that (1) (we) las
	21. I certify that (this hospital) attended the deceased from saw the deceased alive on March 1	hat death occured at PM, from the causes an	d on the date stated above
	22e. SIGNATURE	ATTENDING MED. STAFF	22b. DATE
	Joneman	M.D. PHYS. DIRECTOR PHYS.	3/2/62
	22c. PHYSICIAN'S Chief,	22d. ADDRESS	
	IRVING FREEMAN, M.D. Medical Service	VAH, BALTIMORE 18, MD., FT.	
	238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETE		
	Pratt & Stricke	edral Cemetery Baltimore, Me	

within 24 hours after

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Indian Programme, Noticel Service Pall, Marty on Ph. D. 20.10 Hours and

Alas Developed The Movement American St. vell."

| Welfard America World and Salarine 23 Mil.

Allega names

CERTIFICATE OF DEATH 02942 Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission o. COUNTY filed \ b. COUNTY Baltimore MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1h RURAL and give nearest town mons. should Chesaneake City d. NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION 90 d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES-DE NO Ridguay Manor puo NAME OF DECEASED 4. DATE First Middle Last Month Dov Year 29 STANLEY DEATH March (Type or print) 10 IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years lost birthday) 6. COLOR OR RACE 7. MARRIED TENEVER MARRIED 8. DATE OF BIRTH Months Days Hours WIDOWED | DIVORCED T Male 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Chesapeake City Farming Md. 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Sarah Knotts George W. Stevens 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mrs. Mary B. Stevens. Chesaneake 18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (c) DUE TO Conditions, if any, which gove rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO TE 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or tawn) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour o. m While Not while at work of work 21. I certify that I oftended the deceased from March 19 60, to March 29, 19 62 that I last sow the deceased ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL deen prior 3 should PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Bethel Cemeterv Chesaneake Birria ADDRESS 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR DATE ARR 3 VS A15 (4) 15M 9/55

DIRECT

TO FUNERAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	-	District Tolking			
	ACCULATION NO.		20/15/14/16		
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TOTAL TEST OF			La company		

RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Whare deceased lived, If institutions Rasidence before admission a. COUNTY b. COUNTY Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town Fort Howard 13 Davs d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? YES NO V 2903 Parkwood Veterans Administration Hospital DECEASED STEVENSON (Type or print) DEATH STEPHENSON BATE OF BIRTH 19 MARCH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIEDY NEVER MARRIED last birthday) Months Hours WIDOWED DIVORCED Colored 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retirad) Construction Kinston, North Carolina U.S.A. Carpenter 14. MOTHER'S MAIDEN NAME William Stevenson Maggie Williams 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yes giva war or dates of service Clin.Rec.VAH, Balto.18, Md.Ft. Howard Division 18. CAUSE OF DEATH [Entar only ona cause per lina for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: BASILAR ARTERY THROMBOSTS UNKNOWN IMMEDIATE CAUSE (a) DUF TO CEREBRAL ARTERTOSCLEROSTS IINKNOWN gave rise to immediate cause DUE TO (a), stating the undarlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY PERFORMED? NO XX 20b. DESCRIBE HOW INJURY OCCURED. (Entar natura of injury in Part I or Part II of itam 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata) factory, street, office bldg., atc.) Whila Not While Hour a.m. at work at work 21. I certify that My (this hospital) attended the deceased from March 19.62 to March 19.62 that 1) (we) last saw the deceased alive on.... March 18 19.62 and that death occured and 500, Anom the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR 3/18/62 22c. PHYSICIAN'S 22d. ADDRESS NAME (Typa) D. TALBERT, M.D. VAH. BALTO 18. MD.FT. HOWARD DIVISION

the burial-transit DIRECTOR: ath. Page 4 0 VR A15 (4) 15M 7/61

the d 2

filled in

completely

physician

attending

signed by the

please 9

and

and

23a. BURIAL, CREMATION, | 23b.

24 EURERAL DIRECTOR'S SIGNATURE

REMOVAL (Specify)

Baltimore National

23c. NAME OF CEMETERY OR CREMATORY

1000 Brantley Avenue

Baltimore, Maryland
25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE aritan S. Kraus

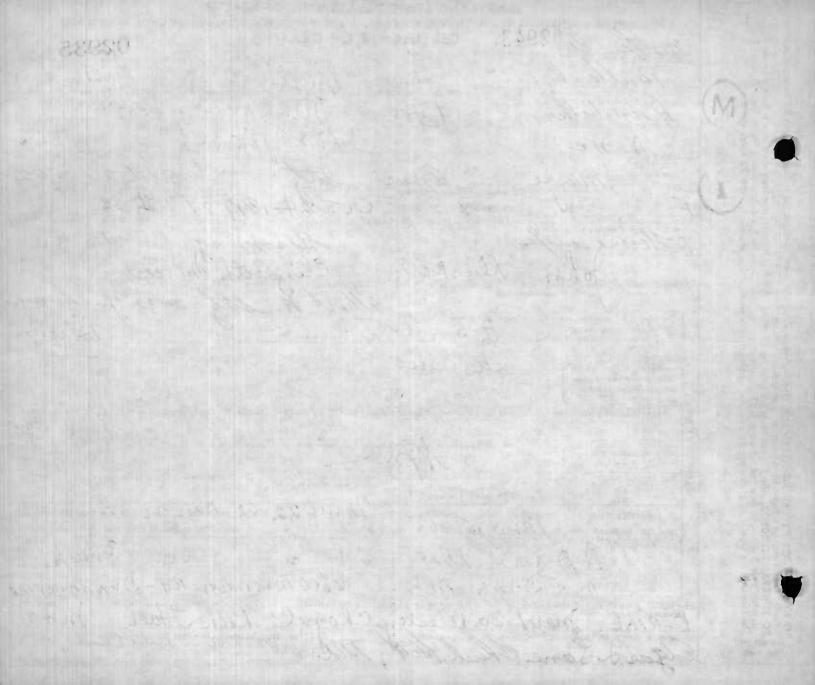
23d. LOCATION (City, town or county)

11 1 1 1 1 1 1 1 ound fact 13 243 Support for what Service Landon Committee of Landon Service of Landon noidentenon Tednegrab Markey Botton Botton and of the atherstone. Can ec. VAR, de 256 . 17. 16. Tt. Mover & Prystand The state of the s Sent train asset for the land train or out fire heav, volunti out

SEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH USUAL RESIDENCE Where deceased lived, If institution (Residence before admission) 1. PLACE OF DEATH e. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporete limits, while RURAL and give nearest own) c. LENGTH OF STAY IN 16 OR TOWN (If putside corporata limits, write RURAL and dive neerest town) Pages affe filled ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) a. IS RESIDENCE papers. Pag in 72 hours ON A FARM? YES NO completely NAME OF First Middle DATE Month Dey Yeer DECEASED OF DEATH (Type or print) 19 and cor COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | SEX DATE OF BIRTH IF UNDER 24 HRS. lest birthday) Hours physician 10a. USUAL OCCUPATION (Giva kind of work evel 12. CITIZEN OF WHAT COUNTRY? remove 10b. KIND OF BUSINESS OR INDUSTRY done during prost of working lite, even if retired) auco 13. FATHER'S NAME 14. MOTHER 15. WAS DECEASED EYERIN U.S. ARMED FORCES? (Yas, no, or unkown) (Ifyesgive war or detes of service) physician. 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEA PART I. DEATH WAS CAUSED BY: signed IMMEDIATE CAUSE (a) burial-transit DUE TO aftending Conditions, if any, which geve rise to immediate ceuse DUE TO (a), stating the underlying the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(10) 19. WAS AUTOPSY PERFORMED? NO 2Db. DESCRIBE HOW HAVERY OCCURED, (Enter netura of injury in Pert I or Pert II of item 18.) CERTIFI 2De. ACCIDENT WAS UNDERLYING for OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (Stata) Month, Dey, Yaer factory, street, office bldg., etc.) Hour a.m. While Not While at work at work DIRECTOR: 3 should be de p.m. 1962 to MAKEL 26, 1962, that (1) (we) last saw the deceased alive on. 22e. SIGNATURE MED SIGNED ATTENDING PHYS. DIRECTOR M.D. FUNERAL paged 22 d. ADDRESS 22c. PHYSICIAN'S NAME (Type) filed v 230 BURIAL, CREMATION, | 23b. 23c. NAME OF CEMETERY OR CREMATORY DATE THEREOF 0 5 2 0 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60 DATE

death

RYLAND STATE DEPARTMENT OF HEALTH



SYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02944 funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) a. COUNTY b. COUNTY by the and 2 seeth. MARYLAND by th b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 TOWN (If outside corporate limits, write RURAL and give neerest lown) write RURAL and give_nearest town) filled INSTITUTION (if not in hospital, give street address) IS RESIDENCE completely NAME OF DATE DEATH (Type or print) and con AGE (In yeers I IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED | NEVER MARRIED Months WIDOWED death certificate remove 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY ost of working life, even if retired) housewife Mahanoy City, Penn. U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Haldeman Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detes of service John H. S olzenbach, 4743 Drayton Green #27 none 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c) ONSET AND DEATH DEATH WAS CAUSED BY: minute IMMEDIATE CAUSE (a) C. Arteriosclerosis xeans the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE WAS AUTOPSY PERFORMED? NO 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 1 20c. TIME OF INJURY Month, Dev. Yeer (County) (State) factory, street, office bldg., etc.) While Not While Hour a.m. et work et work 21. I certify that (1) (this hospital), attended the deceased from .1 4 19....., that (I) (we) last saw the deceased alive on. SIGNATURE 22b. DATE ATTENDING SIGNED PHYS. FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S 23c. NAME OF CEMETERY OR CREMATORY 23a, BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 후 라 Woodlawn Cemetery Baltimore, Maryland 5 P Buria] 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Circling S. Thous Howard H. Hubbard, 4107 Wilkens Avenue #29 15M 9/60 DATE

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02945 CERTIFICATE OF DEATH

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Baltimore Maryland		2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before admission) b. COUNTY Baltimore						
						b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Fort Howard Lambda Da:		c. CITY OR TOWN (IF
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street		d. STREET ADDRESS			e. IS RESIDENCE			
Veterans Administration Hospital					YES NO			
3. NAME OF First Mid-	dle	Last	4. DATE Mont	h Day	Year			
	н.	STORM	AL 20 M WHEN THE R. P.	rch]	5 19 62			
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER M.	ARRIED X B. DA	TE OF BIRTH		IF UNDER 1 YEAR	IF UNDER 24 HRS.			
Male White WIDOWED DIVE	ORCED J	ly 29,1893	last birthday) 68 yrs.	Months Days	Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)			& State, or foreign country	12. CITIZEN C	F WHAT COUNTRY?			
Caretaker-Self employed Private	Home	Eccleston,	Marvland	U. S.	Δ			
13. FATHER'S NAME	14.	MOTHER'S MAIDEN N		0. 0.				
John Storm	Me	ry Adams						
	ITY NO. 17. INFO	RMANT	Addres					
Yes (If yes give war or detector service) Yes WW I 212-32-16	614 Clir	ical Rebor	ds, VA Hospita Fort Howard I	l, Balti	moreel8,Md			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b),	end (c).]		tor o Howard I	IN	TERVAL BETWEEN			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) POSTEROLATE	O	STDays N						
4 20 - 1 DUE TO					5 (55) 421			
	CHIEDE CORONADY COTTEROGEC							
gava rise to immediate cause								
(a), stating the underlying CARCINOMA ((a), stating the underlying CARCINOMA OF RECTUM WITH METASTASIS TO LEFT LUNG UNKNOWN							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY								
Terminal Bronchopneumonia								
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO Terminal Bronchopneumonia. 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCUR. While Not While et work et work et work et work	OR CONTRIBUTING CAUSE OF DEATH							
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)								
Hour a.m. While Not While factory, street, office bldg., atc.) p.m. 19 at work et work								
21. I certify that XX (this hospital) attended the deceased from March 12, 39.62 to March 15, 1962, that (1x (we) last saw the deceased alive on March 15								
228. SIGNATURE ATTENDING PHYS. ATTENDING DIRECTOR PHYS. 22b. DATE SIGNE 3/15/66								
22c. PHYSICIANS		VAH, BAITO 18 MD FT HOWARD DIVISION						
NAME ITHOMAS F. CRAHAN, M. D.		VAH, BALLIC) TO MD LT HO	MAKD DIA	PION			
	OF CEMETERY OR C	REMATORY	23d. LOCATION (City, to	wn or county)	(State)			
Burial March 19, 62 Baltin	more Natio	nal Cem.	Baltimore 2	28. Maryl	and			
24 FUNERAL DIRECTOR'S SIGNATURE ADDRES	SS		BY REGISTRAR 256. RE	GISTRAR'S SIGNA	TURE			
Eline's Funeral Home, Reisterstown,	Maryland	DATE MA	IR 1 9 '62	Irihun S. Ph	and			

VR A15 (4) 1SM 7/61

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CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decassed lived, If institution, Residence before admission) funeral 1. PLACE OF DEATH *. COUNT Baltimore Maryland Baltimore at Die MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) White Hall d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS Harford Creamery Road Harford Creamery Road pletely 3. NAME OF Middle DECEASED MARY STRAN DEATHMarch 4,1962 (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER I YEAR B. DATE OF BIRTH lest birthday) March 14,1878 Female Months WIDOWED X DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housewofe Baltimore, Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Russell Kate Mills White Hall, Md. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no, or unkown) | (Ifyes giva war or dates of service) Hazel M. Cranston-Harford Creamery Rd No 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), end (c), acute Congestive failure - Cordiac PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Arteris Selectio C. U. Decen & Hypertenson gava rise to immediate ceusa DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY CERTIFICATION 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED Month, Dey, Year 20e, PLACE OF INJURY (Homa, farm, ' 20f. (City or town) (County) factory, street, office bldg., etc.) While Not While Hour a.m. el work at work 1959, to Merch, 1962, that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased from...... 22e. SIGNATURE ATTENDING DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S HER BERT MUELLERSI 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) Loudon Park Baltimore.Md. J. 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR VR A15 (4) Cook-Towson, Inc. York Rd. Towson, Md. arthur S. Thous 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

TICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

e. IS RESIDENCE ON A FARM?

YES NO

19

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

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22b. DATE

(State)

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IF UNDER 24 HRS.

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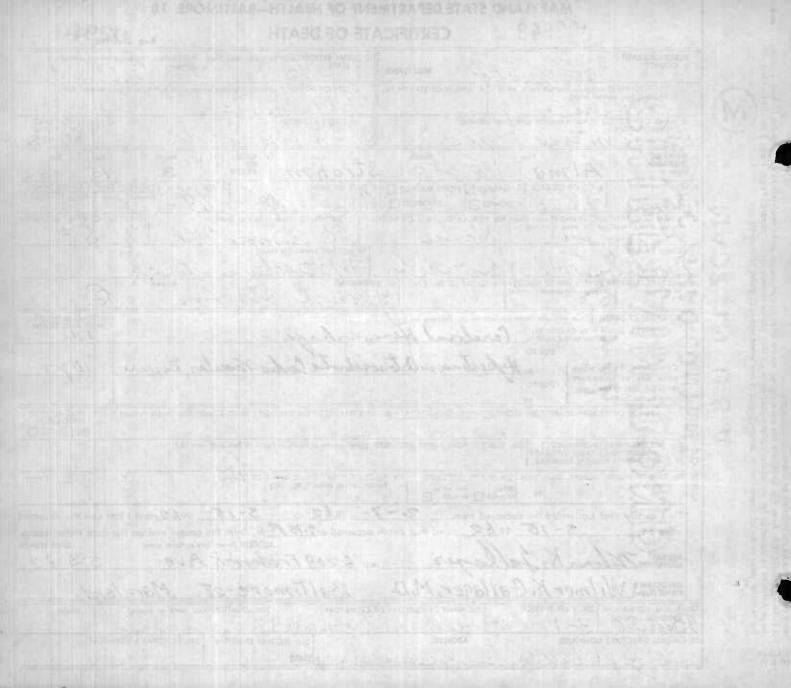
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02948 CERTIFICATE OF DEATH filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) QRAL and give nearest town) shauld Thousand d. NAME OF HOSPITAL (If not in hospital, give street address) STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION 22 ruse YES NO NAME OF First 4. DATE Middle Month Year DECEASED OF DEATH (Type or print) 196 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years lost, bigthsloy) Months Days DIVORCED [WIDOWED | 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13_FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT 17. Address 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: I da. IMMEDIATE CAUSE (o) DUE TO Conditions, of ony, which gove rise to immediate DUE TO cottse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPS PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour a. m. Not while of work of work p. m. 3-15- 1962 that I last saw the deceased 21. I certify that I attended the deceased fram. , and that death occurred at 9:10 /2 M, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE NAME (Type) 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) page (Stote MOVAL (Specify FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. KEGISTRAR'S SIGNATURE wither S. Krawe

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2949 funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed fived, If institution: Residence before edmission) e. COUNTY b. COUNTY Raltimore Maryland MARYLAND \$ 7 t b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporete fimits, write RURAL end give neerest town) pue c. LENGTH OF STAY IN 16 à write RURAL and give nearest town? filled in ! Baltimore Life d. STREET ADDRESS MOre d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) . IS RESIDENCE ON A FARM? 4217 Fullerton Ave. 7 Fullerton YES NO Y completely 3. NAME OF First 4. DATE Yeer Middle DECEASED OF 19 62 Robert. Sullivan (Type or print) DEATH pon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED A AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH and dast birthday) Male White WIDOWED [DIVORCED physician 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) done during most of working life even if refired)
Self employed Produce Balto., Md. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Sullivan Mary Oppenheimer 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no pr unkown) (Ifyes give wer or detes of service) Vivian White 4217 Fullerton Ave. None 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTÉRVAL BETWEEN ONSET AND DEATH cancer of large bowel PART I. DEATH WAS CAUSED BY: astatic IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (b) geve rise to immediate cause DUE TO (e), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? as NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Yeer fectory, street, office bldg., etc.) While Not While Hour e.m. et work et work 1960 to May h 25 1962 that (1) (we) last saw the deceased alive on Musch 22b. DATE 22e. SIGNATURE SIGNED ATTENDING PHYS. DIRECTOR FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) ġ. 0 Union Chapel Cem. Wilna, Harford Co. M. 25a. REGISTRAR'S SIGNALURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 7/61

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death

RYLAND STATE DEPARTMENT OF HEALTH

ARYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1 DIVISION OF STATISTICAL RESEARCH AND RECORDS, Film Ltem 23b. 1. PLACE OF DEATH Item 23c, telephone call 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) b. COUNTY Calvert BALTIMORE b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest lown) write RURAL end give neerest town) =-Fort Howard Lusby d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Rural YES NO letely Veterans Administration Hospital 4. DATE Month Yeer DECEASED OF (Type or print) DEATH 19 62 Albert Tagg March 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yours | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) August 28, 1893 Male White WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Stationary Engineer Ret. Construction Cos. Baltimore, Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME plea William Tagg Mary Boblitz 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (Ifyes give wer or dates of service) Clinical Records, VAH, Baltimore 18, Maryland Howard Division 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) CEREBRAL THROMBOSIS DUE TO UNKNOWN (b) CEREBRAL ARTERIOSCLEROSIS Conditions, if eny, which geve rise to immediate cause DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? ARTERIOSCIEROTIC HEART DISEASE. BRONCHOPNEUMONIA NO X 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 1B.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED I 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) Month, Dev. Yeer fectory, street, office bldg., etc.) Not While While et work et work 21. I certify that N (this hospital) attended the deceased from February 15 19.62 to March 5 19.62 that X!) (we) last 19 62, and that death occurred at 50PM, from the causes and on the date stated above. 22e. SIGNATURE SIGNED ATTENDING eth. Page 4 FUNERAL PHYS. DIRECTOR PHYS. Meman 22c. PHYSICIAN'S 22d. ADDRESS IRVING FREEMAN, M.D., Chief, Medical ServiceVAH, BALTIMORE 18 MD FORT HOWARD DIVISION ector, 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23d. LOCATION (City, town or county) 23c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify)
Burial E 8 Baltimore, Maryland 0 25m. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **ADDRESS** 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 7/61 Lassahn Funeral Home, 7401 Belair Rd., Balto.Md. DATE 8 '62 arthur S. Thaus

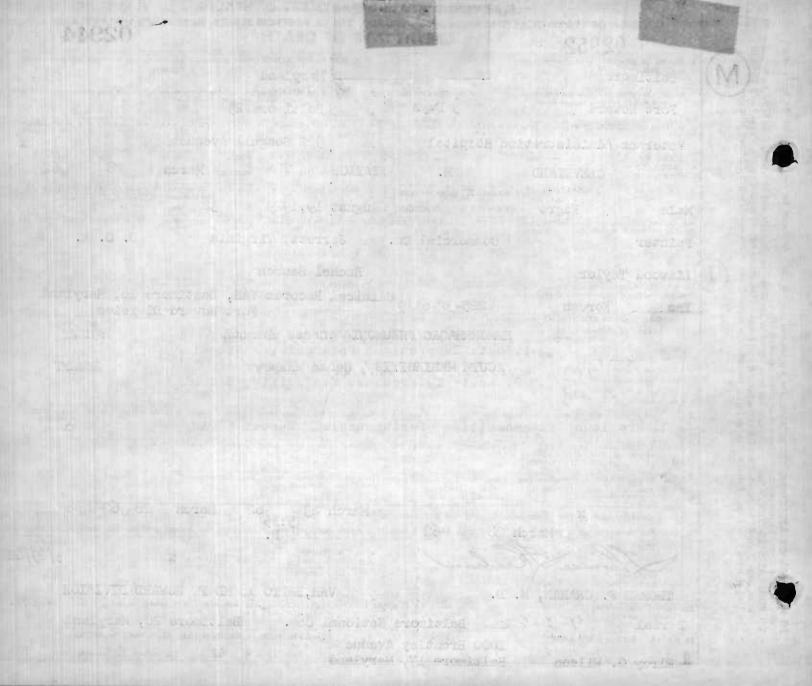
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DEPARTMENT OF HEALTH STICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND funeral pluods 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY ALEY COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and giva nearest town) 2. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) a. IS RESIDENCE ON A FARM? YES T NOF etely 3. NAME OF DECEASED (Type or print) DEATH 19 6 5. SEX AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months WIDOWED 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? physicia dona during most of working life, even if retired) Klin 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ple 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. Addrass (Yes, no, or unkown) | (If yes give war or dates of service N an 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) gave rise to immediate cause DUE TO (a), stating the undartying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? as NO L 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I or Part II of itam 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, ' 20f. (City or town) (County) (Stata) factory, street, office bldg., etc.) While Not While Hour a.m. at work at work 21. I certify that (I) (this hospital) atjended the deceased from //////Ch ...19(2.2., and that death occured at 6.70M, from the causes and on the date stated above. saw the deceased alive on... 22a. SIGNATURE ATTENDING SIGNED PHYS. M.D page with t 22c. PHYSICIAN' 22d. ADDRESS 234. LOCATION (City, town or county) 23a. BURIAL, CREMATION. 23c. NAME OF CEMETERY OR CREMATORY (Stata) REMOVAL (Specify) ÷ 0 EUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60 DATE anthun & Trans

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completely on papers. thin 72 ho		3.	NAME OF First Middle Last 4. DATE Month OF	Day Year
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hen pal		15 (Y	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address s, no, or unkown) (Ifyesgive war or dates of service)	017
the a		-	18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c).	MUZE (OG
d by			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MUNIC	ONSET AND DEAT
signe ansit ation,			Conditions, if any, which (b) aiteris selentie Surlio-Vor cut	2
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use rior		CERTIFICATION	208. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part II or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH	YES NO
this ce			OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
After ache f Hea		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 120f. (City or town) Hour a.m. While Not While factory, street, office bldg., etc.)	(County) (Stat
B. A det		ME	p.m. 19 at work at work 10 at wor	73, 19.6. That (I) (we
or Der			21. I certify that (I) (this had tal) attended the deceased from 19.6. 19.6. to 19.6. saw the deceased alive on 19.6. and that death occured al	
shot Staf			220. SIGNATURE ATTENDING MED. STAFF	22b. D.
AL Ige 3		1	22c. PHYSICIAN'S DIRECTOR PHYS. 22d. ADDRESS	3-6-1
FUNERAL rector, page	1		NAME (Type) M. Paul Byerly V 5820 York Road	
O FUNERAL director, page be filed with th	1		BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or REMOVAL (Specify)	200
0==		B	urial 3-7-1962 Lorraine Woodlawn	Md.
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02946

1. PLACE OF DEATH			2. USUAL RESIDE	NCE (Where decea	sad lived, If insti	tution: Residenc	e before edmission
e. COUNTY Baltimo	re	MARYLAND	e. STATE Ma	rvland	b. COUNTY	timore	9
b. CITY OR TOWN (if outs		c. LENGTH OF STAY IN 16		I (If oulsida corporet	_ 012		
write RURAL and give		-1	C. GITT ON TOWN	(ii odisida corporei	4 minis, wind No	ACTE ONG SIVO	add as town,
Dundalk		34 years			(22)		
d. NAME OF HOSPITAL C	OR INSTITUTION (if not	in hospital, give street address)	d. STREET ADDRES	S			o. IS RESIDENCE
	xwell Ave	enue	1938 Ma	xwell A	venue		YES NO
3. NAME OF DECEASED	First	Middle	Last	4. DATE	Month	Day	Year
(Typa or print)	ROSE	MORRIS	TROUPE	DEATH	March		1962
5. SEX 6.	COLOR OR RACE 7. N	ARRIED NEVER MARRIED	8. DATE OF BIRTH		GE (In yaers IF (IF UNDER 24 HRS.
female w	hite w	DOWED DIVORCED	Feb. 26, 187	9 83	yrs.	onths Deys	Hours Min.
10a. USUAL OCCUPATION done during most of working	Give kind of work	106. KIND OF BUSINESS OR INDUST			eign country)	12. CITIZEN O	F WHAT COUNTRY
77 4.0			Monvilo	nd		USA	
HOUSEWIT'S	1		Mary la		1	ODA	
John Mc				?Carter			
15. WAS DECEASED EVER IN (Yes, no, or unkown) (Ifyesg		0)	INFORMANT		Address		
no		none M	rs. Mary I	.Wanhof:	f san	ne as #	#2
18. CAUSE OF DEAT	'H [Enter only one caus	e per line for (a), (b), end (c).]			,		ERVAL BETWEEN
PART I. DEATH WA					de	MARI	SET AND DEATH
L) /	EDIATE CAUSE (a)	11 +	1, 7.	111111	4 -	2011	171111
73	DUE TO	MALINI.	durtre	-; WWW	OTAS	count.	1/9/00
Conditions, if eny, what geve rise to immediate c	1-7		/	/			-
(e), stating the underly	DI IC TO	11.1.	The				1041:
cause lest.	(c)	Mugh	MUNRI	111			,09.
Z PART II. OTHER SIGI	NIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	AINAL DISEASE COL	NDITION GIVEN	IN PART 1(e) 15	PERFORMED?
NT V		V				Y	ES NO X
20a. ACCIDENT WAS U	INDERLYING 201	DESCRIBE HOW INJURY OCCURE	D. (Enter nature of injury i	n Pert I or Pert II of	item 18.)		
PART II. OTHER SIGN 20a. ACCIDENT WAS U OR CONTRIBUTING OF CONTRIBUTING							
20c. TIME OF INJURY Hour e.m.	Month, Day, Yeer		ACE OF INJURY (Home, fa		town)	(County)	(Stete)
Hour e.m.	10	While Not While ta	ctory, street, office bldg., e	10.)			
p.m.			10 10	1045	141.31.	10/2	10 / 21
21. I certify that	(I) (this hospital)	attended the deceased from					hat (I) (we) las
saw the deceased	alive on 2	129 19.62 and the	t death occured at.	M, from the	ne causes and	d on the da	
22e. SIGNATURE	1 1/1	. 11	ATTENDING_	MED.	STAFF		22b. DATE SIGNED
1 XIM	17º UG	unew.	M.D. PHYS.		PHYS.	1	1/2/62
22c. PHYSICIAN'S			22d. ADDRESS				7/ -/
NAME (Type) Da	wid H.An	drews, M.D.	33 Dund	lalk Ave	., Dunda	alk 22	,Md.
23a. BURIAL, CREMATION,	23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATIO	ON (City, town	or county)	(Stete)
REMOVAL (Specify) Burial	11/11/62	Sacred Hea	rt of Jeen	Relt	imore (O Ma	brelva
24 FUNERAL DIRECTOR'S SI	IGNATURE	ADDRESS		REC'D BY REGISTRA			
					The second second	wy S. Krau	
Mar cer. DI.OOK	re pragre	y, Inc., Dundalk	CC, I'LU & DATE	1. 0 07	Com	, AB., 7 UNION	

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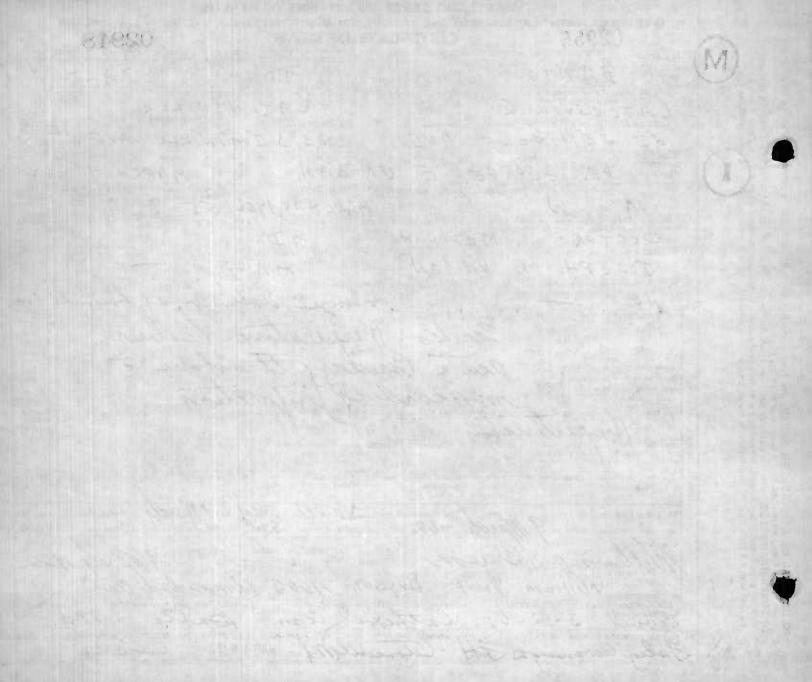
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMOBE 2, MARYLAND 02955 CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)					
a. COUNTY	a. STATE b. COUNTY					
Baltimore MARYLAND	Maryland Ann Arundel					
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate fimits, write RURAL and give nearest town)					
Fort Howard 78 Days	Annapolis					
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?					
Veterans Administration Hospital	Arundel-on the Bay, RFD 3					
3. NAME OF First Middle DECEASED (Type or print)	Last 4. DATE Month Day Year OF DEATH 10 60					
JOHN	TYLER March 27					
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1						
	Months Days Hours Min.					
Mare Mire	June 5, 1896 65 yrs.					
done during most of working life, even if ratirad)	II. BIKINPLACE (County & State, or foreign country)					
Electrician Naval Academy 13. FATHER'S NAME	Annapolis, Maryland U. S. A.					
George Tyler	Annie Milton					
	INFORMANT Address 30 %					
(Yas, no, or unkown) (If yas giva war or dates of servica)	inical Records, VAH, Baltimore 18, Maryland					
Yes WW I 442-09-1582	Fort Howard Division					
1B. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH					
PART I. DEATH WAS CAUSED BY: BRONCHOPNEUMONIA	AND PULMONARY CONGESTION RECENT					
11 b						
ARTERIOSCLEROTIC	HEART DISEASE UNKNOWN					
Conditions, if any, writer						
gave rise to immadiata causa (a), stating the underlying DUE TO						
cause last.						
	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY					
O TAKE II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO BEATTER	PERFORMED					
E Chronic Hemorrhagic Cystitis. Benign P						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO Chronic Hemorrhagic Cystitis. Benign P 2Db. Accident was underlying 2Db. Describe How Injury Occure of Death of Contributing Cause of Death of Cause of C	D. (Entar nature of injury in Part I or Part II of itam 18.)					
	ACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata) ctory, streat, office bldg., atc.)					
21. I certify that (this hospital) attended the deceased from.	January 8, 162, to March 27, 1962, that (IK(we) last					
	death occured at					
22a. SIGNATURE	ATTENDING MED. STAFF 22b. DATE					
# DO. 0.1	N.D. PHYS. DIRECTOR PHYS. X 3/28/62					
22c. PRYSHCTAN'S	22d. ADDRESS VAH, BALTIMORE 18, MARYLAND					
NAME (Type)	vali, maintinoin 10, maintinin					
THOMAS F. CRAHAN, M.D.	FORT HOWARD DIVISION					
236. BURIAL CREMATION, 23b. DATE THEREOF REMOVAL (Specify) BUTIEL 3-30-(2) 48 48 48 48 48 48 48 48 48 4	or CREMATORY 23d. ACCATION, (City Joyn or county)					
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE					
John Texton 147 Cloucester St Annenali	DATEMAR 3 0 '62 Chilmy S. Kraus					

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DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY the 1 nd 2 sath. MARYLAND b. CITY OR TOWN (if outside corporata limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) ATONSVILL d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) a. IS RESIDENCE ON A FARM? 023 MINOLE YES completely 3. NAME OF DATE DECEASED OF DEATH (Type or print) 5. SEX 6. COLOR OR RACE | 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR last birthday) and WIDOWED'T DIVORCED 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, avan if retirad) BDICINE DOCTOR 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or inkown) | (Ifyes give war or datas of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO gava risa to Immadiata causa DUE TO (a), stating the undarlying WAS AUTOPSY PERFORMED? NO T 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING IT CAUSE OF DEATH 20b. PESCRIBE HOW INJURY OCCURED. (Enter natura of Figury in Part I or Part II of itam 18.) 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Homa, farm, 1 20f. (City or town) (County) (State) factory, streat, offica bldg., atc.) While Not While at work at work Hour a.m. 21. I certify that (I) (this hospital) attended the deceased from. 1962 and that death occured at 5.30M, from the causes and on the date stated above. saw the deceased alive on. 22b. DATE SIGNAT ATTENDING PHYS. M.D. 22d. ADDRESS 23a. BURIAL, CREMATION, | 23b. 23d. LOCATION (City, town or county) (Stata) DATE THEREOF REMOVAL (Spacify T. Gi FUNERAL DIRECTOR'S SIGNATURE REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) Chilling & Thous 15M 9/60



OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. COUNTY b. COUNTY e. STATE the MARYLAND b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outside corporata limits, write RURAL and give neerest lown) c. LENGTH OF STAY IN 16 write RURAL end give neerest town) ATONSVILLE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE papers. Pag n 72 hours ON A FARM? YES NO X completely 3. NAME OF Middle DATE DECEASED DEATH (Type or print) 19 FZ and cor AGE (In years | IF UNDER 1 YEAR 5. SEX 6. COLOR OR RACE IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED lest birthdey) Months Hours WIDOWED DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY BIRTHPLACE (County & State, or foreign country) done during most of werking life even if retired) 13. FATHER'S NAM 14. MOTHER'S MA ᇻ Address (Yes. nowor unkown) | (If yes give wer or detes of sarvice) INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Sudde IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which (b) geve rise to Immediate causa DUE TO (e), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? NO 20e. ACCIDENT WAS UNDERLYING | | 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 (County) (Stata) 20c. TIME OF INJURY Month, Dey, Yeer 20f. (City or town) factory, street, office bldg., etc.) While Not While Hour a.m. at work at work p.m 19 21. | certify that (1) (this hospital) attended the deceased from ... saw the deceased alive on. 3. and that death occured at ... A...M, from the causes and on the date stated above. 22b. DATE 22a. SIGNATURE SIGNED ATTENDING DIRECTOR PHYS. M.D. 22d. ADDRESS 220 PHYSICIAN'S 1709 Edmonson and, Catousone CEMEJERY OR CREMATORY 23d. LOCAJION (City, town or county) (Stata) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) William & Thomas 15M 9/60

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a. COUNTY

3. NAME OF

5. SEX

CERTIFICATION

MEDICAL

DECEASED

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02958 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceasad lived, If institution, Residence bafore admission) b. COUNTY Ralto. lto. MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 writa RURAL and give nearest town) English Consul Eng. Consul d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 3323 English Consul Ave. 3323 English Consul Ave. YES NO IN Middle 4. DATE Day Last Month Year (Type or print) DEATH Florence E. Walter 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months | Days Hours WIDOWED K 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) dona during most of working life, even if retired) Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMA Address (Yas, no, of unkown) | (Ifyesgive war or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gava risa to immadiata cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH 20e. PLACE OF INJURY (Homa, farm, (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) Not While factory, street, office bldg., etc.) While Hour a.m. at work p.m. 21. I certify that (I) (this hospital) attended the deceased from... saw the deceased alive on... 22a. SIGNATUR ATTENDING SIGNED

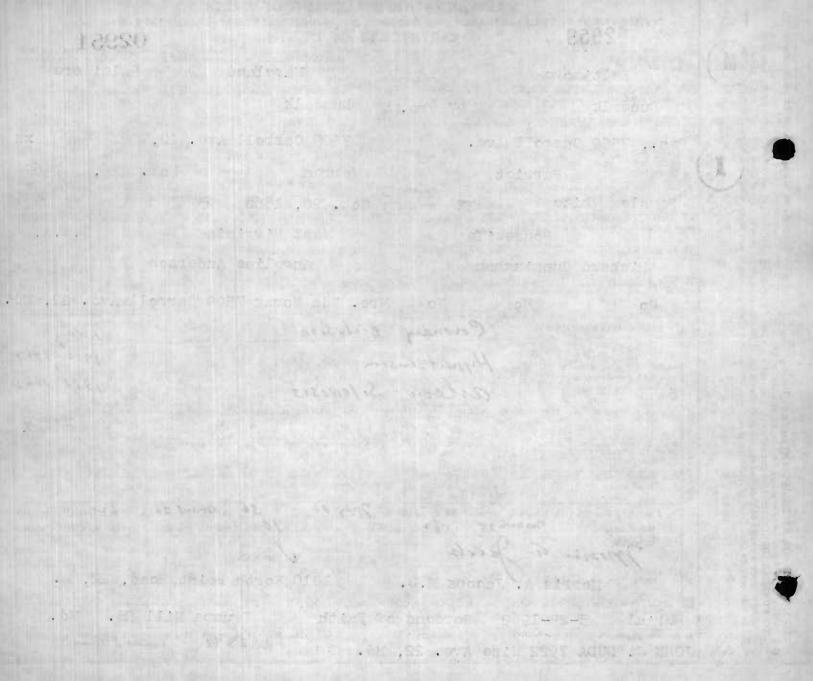
DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN' 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Baltimore, Md. Burial Baltimore Cem. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE McCully Funeral Homes 130 E. Fort Ave. Chilling & Flence

114 11 11 11 · The state of the Min raw . To Market St. Market St to ball the way 1000 W. 60 200 V STATE BULLDANNED FROM - HOPNEN 2 NHZ SVA 2564 . 2 OES Sebol T LINET VELLOOR

MARYLAND STATE DEPARTMENT OF HEALTH

02959 CERTIFICATE OF DEATH 02951

	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
	Baltimore	a. STATE Maryland b. COUNTY Raltimore
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Dundalk c. LENGTH OF STAY IN 1b 27 yrs.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
	Res., 7509 Carroll Ave.	7509 Carroll Ave. 22, YES NO NO
1	3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
1	(Typa or print) Harriet	Warren Death Mar. 26, 19 62
	1. MARKIED LINEYER MARKED	Date of Birth Oct. 20, 1868 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) HOUSEWIFE	West Virginia 12. CITIZEN OF WHAT COUNTRY? U.S.A.
-	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Richard Cunningham	Angeline Anderson
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yas, no, or unkown) (If yas give war or datas of service) NO NO NO NO NO	nformant Addrass S. Tda Novak 7509 Carroll Ave. 22, Md
=	1B. CAUSE OF DEATH [Entar only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ovonary O	celusion ONSET AND DEATH
	Conditions, if any, which) (b) Hyperf ension	1956-1962
	gava risa to immadiata causa (a), stating the undarlying DUE TO causa last. (c) (c)	clerosis 1956-1962
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20b. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
		. (Enter natura of injury in Part I or Part II of item 1B.)
		CE OF INJURY (Homa, farm, 20f. (City or town) (County) (State) ory, straat, offica bldg., atc.)
	21. I certify that (I) (this hospital) attended the deceased from, saw the deceased alive on march 25 1962, and that	death occurred at
	Moris G. Jacobs	ATTENDING MED. STAFF SIGNED DIRECTOR PHYS. 22b. DATE SIGNED
/	PHYSICIAN'S NAME (Typa) Morris A. Jacobs M.D.	1010 North Point Road, 22, Md.
Ilea	REMOVAL (Specify) 3-29-1962 Gardens of	
1	4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	258. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	JOHN J. DUDA 7922 Wise Ave. 22, Mo	DATE DATE



/		02960 CERTIF	ICAT	E OF DEAT		029	52
		PLACE OF DEATH a. COUNTY		2. USUAL RESIDEN	CE (Where deceesed lived, If ins b. COUNTY		sidence before admission)
V		Baltimore MARY			land	-	
		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	Y IN 16	c. CITY OR TOWN [f outside corporete limits, write R	URAL and	give neerest town)
- 11		Fort Howard 15 day	VS	Baltimo	re -2	31	101-4
0	-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	ess)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
		Veterans Administration Hospital		907 Somer	rset Street		YES NO
	3.	NAME OF First Middle DECEASED		Last	4. DATE Month		Day Year
		(Type or print) JOHN		WATKINS	DEATH March		3 19 62
	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	D B.	DATE OF BIRTH	9. AGE (In years IF	UNDER 1 Y	EAR IF UNDER 24 HRS.
		Male Negro WIDOWED DIVORCE		ecember 18,	1900 (yrs.	Months De	eys Hours Min.
	10a	B. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	INDUSTRY	1 11. BIRTHPLACE (Coun	ty & State, or toreign country)	12. CITIZ	EN OF WHAT COUNTRY?
	001	Bricklayer Construction	n	Camden, Sou	th Carolina	U.	S.A.
1	13.	FATHER'S NAME	1	14. MOTHER'S MAIDEN			
		John Watkins		Laura Ba	llard		
	15.	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO	O. 17. I			A Hos	nital
	(Ye	Yes W-1 212-111-20111			Maryland-FORT HO		
Ξ		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c		ornore ros	aly rand-roll in	AMPTICE	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY:	NE'S DO	MTON			30 min.
		IMMEDIATE CAUSE (a) MYOCARDIAL I	MENT	TION			OO HITTI
		DUE TO ARTERIOSCLER	OTIC	HEART DISEAS	SE		Several year
		Conditions, if eny, which gever is to immediate cause		*			
H		(e), steting the underlying DUE TO DIABETES MEL	LITUS				Several year
1	70	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	H BUT NO	T RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN	IN PART 1	(e) 19. WAS AUTOPSY PERFORMED?
	ΨΨ	GANGRENE, RIGHT FOOT					YES NO X
	CERTIFICATION	206. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OCCURED.	(Enter natura of injury in	Part I or Part II of item 18.)		
	MEDICAL	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED While Not While st work at work		CE OF INJURY (Homa, farm pry, street, offica bldg., atc.		(Count	y) (State)
		21. I certify that (this hospital) attended the deceased	d from	Feb. 16	19_62 to Mar. 3	19 6	2 that XI) (we) last
		saw the deceased alive on Mar. 3 19.62, a	nd that	death occured at	M from the causes as	nd on th	e date stated above.
		22e. SIGNATURE	iju jijai	deall occured sing	Tann, nom me causes an	id Oil III	22b. DATE
			**	ATTENDING PHYS.	MED. STAFF PHYS.		3 /1. /60 SIGNED
		22c. PHYSICIAN'S Feaderick S. Omalds	M.	22d. ADDRESS	4		3/4/62
		FREDERICK S. DONALDSON,	M.D.		18, Md - Fort H	loward	Division
	23-	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CE			23d. LOCATION (City, town		
		REMOVAL (Specify)					
		Burial March 7, 1962Baltimore	Nati	ona Cemeter	Baltimore D BY REGISTRAR 256. REGIS	TELT	y Land
		THIE 11000	on St	•			
4	100	ollick Funeral Home Baltimore, Md		DATE SAL	La 6'62 and	Lun 8. 9	Trave

MARYLAND STATE DEPARTMENT OF HEALTH

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02961 IO HOS SAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death. Fage 4 may be retained by the hospital or attending physician.

Solution of the physician and completely filled in by the funeral death of the standard of the stand

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02953 CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
a. COUNTY Relimore MARYLAND	S. STATE Maryland b. COUNTY Baltings
b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
write RURAL end give neerest town)	
Catonsville	X Baltimore 12
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
301 Beechwood Ave.	206 Hopkins Boad YES NO
3. NAME OF First Middle	Lesi 4. DATE Month Dey Yeer
(Type or print)	dby DEATH March 13 19 62
Georgianna C. Wau	dby March 13 19 62 B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
. MAKRIED LANGE MAKRIED	last birthdey) Months Dave House Min
Female White WIDOWED DIVORCED	June 26, 1911 50 yrs. 10015 10015
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
7 11	Marril and
Bookkeeper Office	Maryland U.S.
Clinton W. Scaggs	Sullivan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (Ifyesgive werordetes of service)	INFORMANT Address
	lvin Waudby 206 Hopkins Rd; Balto-12-
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (0) Jewistized	Sharpy's_
DUE TO C	
Conditions, if any, which (b)	colon
gave rise to Immediate cause DUE TO	
(a), steting the underlying couse lest.	
	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY
9	PERFORMED?
<u> 5</u>	YES NO U
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO CAUSE OF DEATH TO TO CA	D. (Enter neture of injury in Pert I or Pert II of item 18.)
U (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)
Hour a.m.	tory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from.	0C+ 19.61, to March 1.31967, that (I) (we) last
saw the deceased glive on Mach 13 19 62, and tha	t death occured at
22a. SIGNATURE	22b. DATE
Am Washington	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type)	1214h. Color 8t - Docto 2 had
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 23d. LOCATION (City, town or county) (Stete)
	erd Cemetery Howard County Md.
24 FUNERAL DIRECTOR'S / SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Mar Latt Son Catonsville-28- Md	0.4788AD 4 0.200
// WV / KOTT / COLONISVIII E-28- MO	DATUAR 1 9 '62 O.Th. 9 House



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02952 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) a. COUNTY b. COUNTY Baltimore Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL and give nearest town) Baltimore Fort Howard 1 Dav d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Veterans administration Hospital 550h Craig Avenue completely 3. NAME OF 4. DATE Month DECEASED OF (Type or print) DEATH CHARLES F. WAYSON March 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years HE UNDER 1 YEAR) 7. MARRIED Y NEVER MARRIED and last birthday) Months Male WIDOWED [DIVORCED 11-20-14 Whi te physician 10a. USUAL OCCUPATION (Give kind of work State of the Mark Thank 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Public Service Comm. Baltimore City. Maryland Utilities Inspector 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME .5 attending | Then please ple John Wayson Florence Henning IS. WAS DECEASED EVER IN U.S. ARMED FORCES? requires that the 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes. no, or unkown) | (If yes give wer or detes of service) Yes 218-03-8591 Clin Rec VAH Baltimore 18 Md Ft Howard Division WW-18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), PART I. DEATH WAS CAUSED BY FIBRINOUS PERICARDITIS WITH PERICARDIAL EFFUSION IMMEDIATE CAUSE (e) XXXXXXXX LAENNEC'S CIRRHOSIS WITH CONGESTIVE SPLENOMEGOLY Conditions, if eny, which (b) geve rise to immediate cause (e), steting the underlying RHEUMATIC HEART DISEASE cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) CERTIFICATION SE 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) While Not While refained Hour e.m. def et work | et work p.m. DIRECTOR: 19.62 to March 9, 1962, that 00 (we) last (this hospital) attended the deceased from March saw the deceased alive on March 22e. SIGNATURE ATTENDING STAFF DIRECTOR PHYS. PHYS. FUNERAL M.D page with t 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) VAH Baltimore, Md. - Ft Howard Division ector, M.D.

OL VR A15 (4)

÷ 3

1SM 7/61

24 FUNERAL DIRECTOR'S SIGNATURE Henry W Jenkins & Sons Co Inc Baltimore 12

-13-62

23a. BURIAL, CREMATION, | 23b. DATE THEREOF

REMOVAL (Specify)

Burial

Baltimore National

23c. NAME OF CEMETERY OR CREMATORY

Raltimore 25a, REC'D BY REGISTRAR | 25b, REGISTRAR'S SIGNATURE

e. IS RESIDENCE ON A FARM?

YES NO X

1962

IF UNDER 24 HRS.

Year

Day

Days

U.S.A.

ONSET AND DEATH

UNKNOWN

YEARS

YEARS

(County)

19. WAS AUTOPSY

PERFORMED? YES NO

(Stele)

SIGNED

3-10-62

(Stete)

MAR 1 2 '62

arthur S. Thous

23d, LOCATION (City, Iown or county)

ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 02963 funeral 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) PLACE OF DEATH a. COUNTY b. COUNTY by the and 2 death. Baltimore MARYLAND Maryland b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) Rural - Randalls town Rural-Randallstown. vrs. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS Marriottsville Rd. Box 375 Marriottsville Rd., Box 375 completely 3. NAME OF Middle DECEASED DEATH March (Type or print) Mrs. Mamie R Webb 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED S. SEX B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR) and last birthday) 82 yrs. Months White Nov. 9. 1879 Female WIDOWED T DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11 RIRTHPLACE (County & State, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Mgr. Caferteria Fallston, Maryland
14. MOTHER'S MAIDEN NAME Bragers Dot. Store Then please Margaret Williams Thomas O. Randall 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Marriottsville Rd.. (Yes, no, or unknwn) | (If yes give we ror detes of service) 217-01-9941A Mrs. Helen W. Seicke, Box 375, Randallstown, Md. attending physician. as been signed by the 1B. CAUSE OF DEATH [Enter only one cause per line lor (e), (b), end (c),] Cerepro - Vascular Accidos PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO A.S. HD. Conditions, if env. which gave rise to immediate cause DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY as CERTIFIC 20e. ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert 1 or Pert II of item 1B.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, lactory, street, office bldg., etc.) While Not While WEDL Hour e.m. may be re...
DIRECTOR: et work et work p.m to MAZ: 19.6.2 that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from....... saw the deceased alive on. M. J. 15. 19 6.2., and that death occurred at S. M., from the causes and on the date stated above 22e. SIGNATURE ATTENDING STAFF DIRECTOR PHYS. director, page to be filed with the PHYS. FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Liberty Road, Randallstown, Md. Dr. Morton Ellin 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) 0 3-19-62 Lorraine Park Cemetery Baltimore. Entombment 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL-DIRECTOR'S SIGNATURE Liberty Rd

Randallstown . Md.

Baltimore

15

(County)

Orthur S. Thank

MAR 2 1 '62

DATE

e. IS RESIDENCE ON A FARM?

YES NO X

19

Hours

ONSET AND DEATH

PERFORMED? NO Z

(Stete)

22b. DATE

(Stete)

SIGNED

U.S.A.

IF UNDER 24 HRS.

62

VR A15 (4) 15M 7/61

F 17 18 1 ESSEC A and the same and t The state of the s SHOW THE REAL REAL REAL PROPERTY AND A REAL PR DVA ME LARMITHURS SEAMER PITE .DD 10 St. 1 . 20 A STREET, M. ACTOR THE PART COUNTY OF VET TO SERVICE OF THE PARTY OF THE ATMS routed the CHART LANGET TOWN SECTION TO BE SEED OF Angely 17 Les externs of the control # 95-41=4 december

VR A15 (4) 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 02956

a. COUNTY				Where deceased lived, it institution: Ke	sidenca befora admission)
Baltimo	re	MARYLAND	a. STATE Maryland	Baltimore	
	outside corporate limits, giva nearest town)	c. LENGTH OF STAY IN 16		ida corporata limits, writa RURAL and	give naarast town)
Fort How	_	35 Deve	XLutherville	(Timonium)	
		in hospital, giva straat address)	d. STREET ADDRESS		a. IS RESIDENCE
			(0)		ON A FARM?
Veterans 3. NAME OF	Administrat	ion Hospital	604 West Si	minary Avenue	Day Year
DECEASED (Type or print)				OF DEATH Momob	20 10 (0
	WALTER		WELK	9. AGE (In years IF UNDER 1)	30 19 62 (EAR LIF UNDER 24 HRS.
5. SEX		MARRIED NEVER MARRIED 8	. DATE OF BIRTH		ays Hours Min.
Male			June 26, 1889	72 yrs.	
10a. USUAL OCCUPATION done during most of wor	ON (Give kind of work king life, even if retired)	10b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County &	Steta, or foraign country) 12. CITIZ	EN OF WHAT COUNTRY?
Laborer	and the transfer	Construction	Baltimore, M	aryland U	. S. A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAM	E	
John Welk			Mary Lockner		
	R IN U.S. ARMED FORCES	? 16. SOCIAL SECURITY NO. 17. 1	NFORMANT	Address	
	yas giva waror datas of servic	None C.	linical Records	,VAH, Baltimore l	5, Maryland
	WW L EATH [Entar only one cau	ise par line for (a), (b), and (c).]		Fort Howard Divi	I INTERVAL BETWEEN
PART I. DEATH	WAS CAUSED BY	BRONCHOPNEUMONIA			ONSET AND DEATH RECENT
- A	MMEDIATE CAUSE (a)	BRONCHOF MEOMONIA			RECERT
52	DUE TO				**************************************
Conditions, if any	1 /	ARTERIOSCLEROTIC	HEART DISEASE		UNKNOWN
gave rise to immedia (a), stating tha un	> DIJE TO	THE CHILD IN THE COLUMN THE COLUM	A TWE		INVENTOLINI
cause last.	(c)	EMPHYSEMA, PULMON			UNKNOWN
PART II. OTHER	SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL D	DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?
Ĭ					YES 🔣 NO
PART II. OTHER OF THE PART II. OTHER OTHER OF THE PART II. OTHER		b. DESCRIBE HOW INJURY OCCURED	. (Enter nature of injury in Part I	or Part II of item 18.)	
OR CONTRIBUTING	MEDICAL EXAMINER)				
20c. TIME OF INJUI	RY Month, Day, Year			Of. (City or town) (Coun	ty) (Stata)
20c. TIME OF INJUI		While Not While fact	ory, straat, offica bldg., etc.)		
	19	1	February 23 106	2, 10 March 30, 15	2 1 1 787 () last
21. I certify th	nat (4) (this hospital)	attended the deceased from.	1211	7	
	ed alive on Marc	h 30 19.62, and that	death occured atA	A, from the causes and on the	ne date stated above.
22a. SIGNATURE	1/1 7		ATTENDING MED.	STAFF	3/30/62
1 the	and XX	raleaul M	.D. PHYS. DIREC	TOR PHYS.	3/30/62
22c. PHYSICIAN'S NAME (Type)	1		22d. ADDRESS		W.C. W.C. W.C.
THOMAS			VAH BALIO 18	MD FT HOWARD DIV	ISION
23a. BURIAL, CREMATI	ON, 236. DATE THEREO	F 23c. NAME OF CEMETERY		Id. LOCATION (City, town or county	
REMOVAL (Specify) Burial	4-2-62	Gardens of F	aith Cemetery	Baltimore N	Maryland
24 FUNERAL DIRECTOR	s signature price,	T ADDRESS		Y REGISTRAR 256. REGISTRAR'S S	IGNATURE
GYXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	crai Service,	Vonle Pond Morrey	4 Md DATE APR	2 '62 arthur 8.	Thank
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RTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02966 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, If Institution, Residence before admission) a. COUNTY -2 MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 writa RURAL and give nearast town) ONSVILLE filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) completely 3. NAME OF DECEASED (Typa or print) physician and co 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 9. AGE (In years | IF UNDER 1 YEAR last birthday) WIDOWED 1Da. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY dona during most of working life, avan if retired) OUSEKEEPER 13. FATHER'S NAME ease 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yas, no, or/unkown) | (Ifyas give war or dates of sarvica) aTOREK-11 dreet & 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave risa to immadiata causa DUE TO (a), stating tha underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY 2Da. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED. (Entar nature of injury in Part I or Part II of itam 18.) OR CONTRIBUTING CAUSE OF DEATH 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 2Df. (City or town) 20c. TIME OF INJURY Month, Day, Yaar factory, straet, office bldg., etc.) Whila Not While Hour a.m at work at work DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from Man 22 1962 to Man 25 1962 that (I) (we) last 1962, and that death occured at M, from the causes and on the date stated above. saw the deceased alive on.... 22a. SIGNATURE PHYS. DIRECTOR M.D. 224 ADDRESS 2c. PHYSICIAN'S NAME (Typa) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) OH 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) Civiling & Thous 15M 9/60

e. IS RESIDENCE ON A FARM? YES NO

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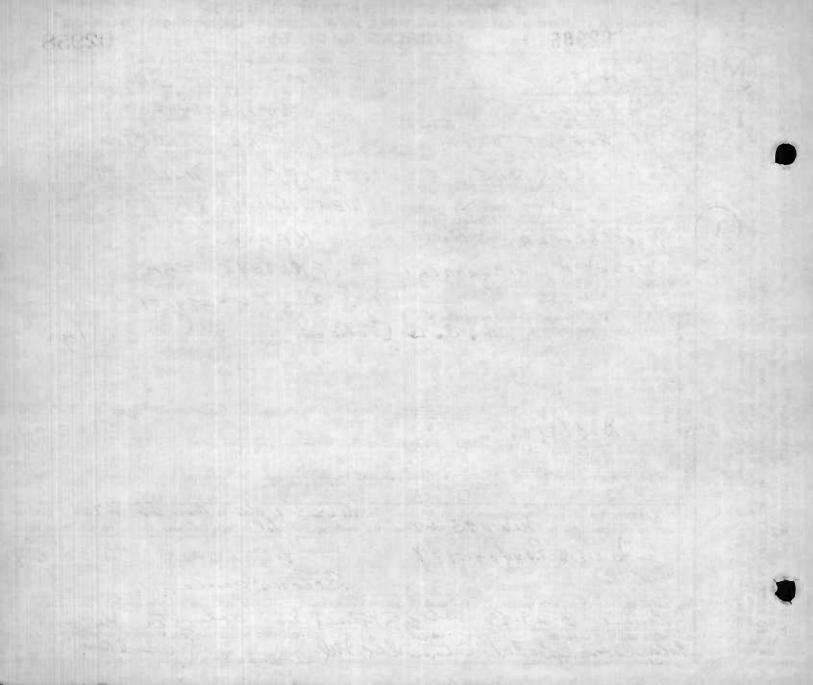
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IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?



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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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1	PLACE OF DEATH a. COUNTY Baltingre MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Baltingre MARYLAND
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 15 years Rural - Reintentown X
	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION Micodemus Prad On A FARM? YES NO
3	OF TEATH March 9 1962
	6. COLOR OR RACE 7. MARRIED DIVORCED B. DATE OF BIRTH WIDOWED DIVORCED DIVORCED 7. MARRIED DIVORCED DI
	Da. USUAL OCCUPATION (Give kind of wark dane and 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) Dallinese Country, Med. 12. CITIZEN OF WHAT COUNTRY?
1	Richard W. Price Sarah R. Bennett
1	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Louis B. Willorg Same
	INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate cause (a), stating the under- lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY YES NOTE: PERFORMED? YES NOTE: PERFORMED? YES NOTE: YES NOTE
- 1	
140,000	
	21. I certify that (I) (this haspital) attended the deceased fram 11-16
	22c. PHYSICIAN'S NAME (Type) Chayles It. Williams ATTENDING MED. STAFF PHYS. 3-9-62 SIGNED 22c. PHYSICIAN'S NAME (Type) Chayles It. Williams 22d. ADDRESS PLESWILL 8, MAL.
2	So. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION TO 119, fown, or county) (Stote) PEMOVAL (Specify) HALL Specify ADDRESS 25c. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 25c. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 25c. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 25c. REC'D BY REGISTRAR 25c. REC'D BY REGISTRAR'S SIGNATURE ADDRESS 25c. REC'D BY REGISTRAR 25c. REC'D BY REGISTRAR'S SIGNATURE ADDRESS 25c. REC'D BY REGISTRAR 25c. REC'D BY REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

12953	CERTIFICA	IE OF DEATH		02961
1. PLACE OF DEATH		2. USUAL RESIDENC	E (Where deceased lived, If in	stitution: Residence before edmissio
a. COUNTY		e. STATE	b. COUNT	77 7 1 4
Baltimore b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16	Maryla		Baltimore
write RURAL and give nearest town)		c, CITY OR TOWN (IF	outside corporete limits, write	RURAL end give nearest town)
Fort Howard	213 days	White Man	rsh	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospi	itel, give street address)	d. STREET ADDRESS		e. IS RESIDENCE
Veterans Administration He			. 1, Gunpowder	
3. NAME OF First DECEASED	Middle	Last	4. DATE Month	Dey Year
(Type or print) FRED	A.	WILSON	DEATH March	3 19 62
5. SEX 6. COLOR OR RACE 7. MARRIED		B. DATE OF BIRTH	9. AGE (In years I	
		0001 0 15	0.7	Months Deys Hours Min.
111111111111111111111111111111111111111		April 3, 1890	/ ум.	
done during most of working life, even if retired)	OF BUSINESS OR INDUSTR	RT 11. BIRTHPLACE (County	& State, or foreign country)	12. CITIZEN OF WHAT COUNTR
Watchman		Uniontown,	Maryland	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		
David Wilson		Mary Cat	therine Hanes	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. Se	OCIAL SECURITY NO. 17.		cal Records	VA Vocnito?
Yes Ww-1 213.	-05-5762 Ba			
18. CAUSE OF DEATH [Enter only one cause per lin-	-U5-5 (UZ Da.	Limore 10, Mai	ryland-FORT HO	MARD DIVISION
DADT I DEATH WAS CAUSED ON		101/4 Amanaman	TI =0 =======	ONSET AND DEATH
IMMEDIATE CAUSE (e)			Y TO BRONCHIA	L
DUE TO CA	LRCINOMA, ANAF	LASTIC		3 mos.+
Conditions, if eny, which (b)				
gave rise to immediate cause				
toy, starting the underlying				
	DIRECTION DEATH REST NO	OT DELATED TO THE TERMINA	L DISEASE CONDITION CIVE	NI IN PART 1/ 1/ 10 WAS ALITORS
PART II. OTHER SIGNIFICANT CONDITIONS CONTI	ABOTING TO DEATH BOT NO	DI KELATED TO THE TERMINA	AL DISEASE CONDITION GIVE	PERFORMED?
8				YES X NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCR	RIBE HOW INJURY OCCURED). (Enter nature of injury in Pe	rt I or Pert II of item 18.)	
UF EITHER, NOTIFY MEDICAL EXAMINER)				
Z 20c. TIME OF INJURY Month, Day, Year 20d. IN	LIURY OCCURRED 200, PLA	ACE OF INJURY (Home, farm,	20f. (City or town)	(County) (Stete)
20c. TIME OF INJURY Month, Day, Yeer 20d. IN While et work	Not While fact	tory, street, office bldg., etc.)		
p.m. 19 et work	et work			
21. I certify that M (this hospital) attende	ed the deceased from.	Aug. 2 Aug. 1	61, to Mar. 3	, 1962 that (IX(we) la
saw the deceased alive onMar3,				
22a. SIGNATURE				
		ATTENDING ME	D. STAFF	3/3/62 ^{SIGNE}
22c. PHYSICIAN'S. 12 DEJ 7	FAD	22d. ADDRESS	Letok A IIIIs.	2/3/02
NAME (Type BERNARD N. BATHO	N. M.D.		0	. 0
				Howard Division
REMOVAL (Specify)	23c. NAME OF CEMÉTERY	OR CREMATORY	23d. LOCATION (City, town	n or county) (State)
	Baltimore Nat:	ional Cemeter	Baltimore	Maryland
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	_ 25e. REC'T	BY REGISTRAR 256. REGI	
Wm. Cook-Blight. Inc. Ba	9 Harford Roa 1timore, Mary		6 '62	the second

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PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exerting the hours after a fage 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in-eng event, within 72 hours after destriction.

VR A15 (4) 15M 9/60 MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1 MARYLAND 12970 CERTIFICATE OF DEATH

	9 1 4 4				
1. PLACE OF DEATH a. COUNTY	Baltimore	MARYLAND	2. USUAL RESIDENCE a. STATE Marylane	b. COUNT	restitution: Residence before edmission)
	foutside corporete limits, TT1e 28 ^{vn)}	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF Baltimo:		RURAL end give neerest lown)
d. NAME OF HOSPIT House in t 16 Fusting 3. NAME OF	he Pines Nursi Avenue	hospital, give street address) ng Home	d. STREET ADDRESS 8302 Old	Harford Road	ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First John	Middle Howard	Wilson	4. DATE Month OF DEATH MAT	Day Year 1962
5. SEX Male	white WIDO		pril 5, 1883	9. AGE (In years 78 birthday) yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS.
done during most of wo	ON (Give kind of work rking life, even if retired) raph Operator	B & O Railroad		& Stete, or foreign country) ounty, W. Va	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Armst	ead Wilson		14. MOTHER'S MAIDEN N Mary M.		
	R IN U.S. ARMED FORCES? yes give war or dates of service)	16. SOCIAL SECURITY NO. 17. I		Address r,8302 Old Har	ford Road, Zone 14
PART I. DEATH	EATH Enter only one ceuse p H WAS CAUSED BY; MMEDIATE CAUSE (e)	er line for (e), (b), end(c).	Silimi		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if eny gave rise to immedia	, which (b)				
	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINA	al disease condition give	N IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURED	. (Enter neture of injury in Pe	ert I or Pert II of item 18.)	
20c. TIME OF INJU Hour a.m. p.m.	W		CE OF INJURY (Home, farm, ory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
1		anded the deceased from		962 to 25 1111	that (I) (we) last and on the date stated above.
22a. SIGNATUR	my sid mm	м		ED. STAFF RECTOR PHYS.	3-29-62 SIGNED
22c. PHYSICIAN'S NAME (Type)	Hillims G	60 nm mm 10 00	22d. ADDRESS	Hugh (1)	
23a. BURIAL, CREMATI REMOVAL (Specify) REMOVAL	3-30-62	Resedate Ceme		23d. LOCATION (City, low Martinsburg	
Wm. Cook, In	's SIGNATURE C., 1217 St.Pa	ul Street, Baltin	nore 2	D BY REGISTRAR 2Sb. REG 2 162 Che	ISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALT Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 20 HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before edmission) e. COUNTY files. Health, **b.** COUNTY Baltimore Baltimore MARYLAND Maryland b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) director. Your write RURAL and give negrest lown) Essex (21) Essex (21) d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address) d STREET ADDRESS . IS RESIDENCE P Boa ON A FARM? Vandermast Lane Vandermast Lane YES NO X 3. NAME OF Middla 4 DATE Month Yee DECEASED (Type or print) Bill Allan Wilt DEATH 62 March 17. 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED with 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. age 5 may 1 and 2 with 72 hours e lest birthday) Months Days and Hours Male WIDOWED [DIVORCED [Oct. 19. 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Pages 1, 2, M3. Page dona during most of working life, avan (f ratirad) West Virginia USA None pages 1 Give Page 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Patricia William K. Wilt Martin with form 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address. (Yes, no, or unkown) | (If yes give we rordates of service) Patricia Wilt None Same 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c),] INTERVAL BETWEEN Office along v burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO removal Conditions, if any, which (b) "pending" gava rise to immediate cause (0) Examiner's DUE TO (a), steting the underlying as pesn PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? word 9 Medical NO T Should 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of item 18.) writing the v e Chief Medi Page 3 shoul to burial, cr PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. MEDICAL to the Chie 20d. INJURY OCCURRED | 20a. PLACE OF, INJURY (Homa, farm, 20c, TIME OF INJURY Montil, Dey, Yeer 20f. (City or town) (County) (State factory, street office bldg., atc.) Not While 190 et work at work DIRECTOR: 2. I certify that I took charge of the remains described above, held an Autopsy ... Inspection Inquiry and in my opinion pep death resulted from: Natural causes Accident Suicide Homicide Undetermined manner forwar CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER should be for FUNERAL I 0 SIGNATURE DEPUTY MEDICAL EXAMINER M.B. Davis M.D. Dundalk. Md. NAME (Typa) Address (Streat, city, town, or county) 22a, BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LØCATION Kity, town, or country), (State REMOVAL (Spacify) Q40 0 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME Srevice. Westernport, Md. 5M 7/59 DAMAR 2 0 '62

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Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET. BALTIMORE 1. MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) y is necessary, I director. Page or your files. e. COUNTY b. COUNTY Baltimore Baltimore Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give neerest town) Essex (21) Essex (21 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, giva straet address) Boar d. STREET ADDRESS . IS RESIDENCE ON A FARM? retained 287 Vandermast Lane State 287 Vandermast Lane YES NO DE 3. NAME OF Middle Last 4. DATE Month Day DECEASED (Typa or print) DEATH Terry Lynn March 17. 62 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. SEX 8. DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. 2 with last birthday) Months Hours Female Sept. 16, 1957 White WIDOWED DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Maryland USA None pages Give Pag 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William K. Wilt Patricia Martin "In pencil in Item 18. Give Office along with form P burial-transit permit. File n 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Addrass (Yes, no, or unknwn) | (If yes give wer or dates of servica) Patricia Wilt Same None No 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: "pending" in pencil ir xaminer's Office alon used as a burial-trans IMMEDIATE CAUSE (a) DUE TO plnods Conditions, if eny, which gave rise to immadieta ceusa DUE TO (a), stating the underlying Examiner ld be used remarks PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1.19. WAS AUTOPSY CERTIFICATION PERFORMED? NO pinous 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE BOW INJURY OCCURED. (Enter nature of injury In Part I or Part II of item 18.) PRIMARY Tor CONTRIBUTING TO te, writing the Chief A 3 CAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 1 20e. PLACE OR INJURY (Homa, farm. 20f. (City or town) Month / Dev. Yeer (County) (Stale)/ age 3Hour a.m. factory, street, office bldg., atc.) Not While at work at work forwarded to the prior 24. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion Inquiry Undetermined manner death resulted from: Natural causes Accident | Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL designated DATE SIGNED ASSISTANT MEDICAL EXAMINER should be for SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S Dundalk, Md. M.B. Davis M.D. NAME (Type) Addrass (Streat, city, town, or county) 228. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION Wity, town, or (Steta) country REMOVAL (Specify Ø40 0 23. FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME Funeral Westernport, Md. 5M 7/59 DATE MAR 2 0 '62

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) ector. Page cour files. e. COUNTY b. COUNTY Baltimore Baltimore Maryland MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL end give nearest town) Essex(21) Essex (21) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Vandermast Lane YES NO X Vandermast Lane 3. NAME OF Middle 4. DATE Month Yeer DECEASED (Type or print) DEATH 62 March 17. Marie Wilt 19 Tina 6. COLOR OR RACE 7. MARRIED NEVER MARRIED with S. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. тау lest birthdey) Months Hours WIDOWED T DIVORCED Dec. 4.1960 Female 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? ve Pages 1, 2 PM3. Page done during most of working life, even if retired) USA Maryland None pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Give William K. Wilt Patricia Martin IS. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detes of service) Patricia Wilt Same 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: burial-trans IMMEDIATE CAUSE (e) Office DUF TO removal, Conditions, if any, which d "pending" I Examiner's C se used as a b geve rise to immediate cause DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 17 Medical plnous DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part of Pert II of item 18.) 20e. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. writing Chief e 3 MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Month, Dey, Yeer (County) (State) fectory, greet, office bldg., etc.) Not While While et work et work prior forwarded to the L DIRECTOR: 2. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion Natural causes Suicide Homicide Undetermined manner death resulted from: Accident 1 CHIEF MEDICAL EXAMINER designated ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER should be for FUNERAL 1 SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S M.B. Davis, M.D. Dundalk, Md. NAME (Type) Address (Street, city, town, or county) 220. BURIAL, CREMATION, 226. DATE THEREOF NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town or country) (State REMOVAL (Spenify) 0 24a. REC'D'BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR ADDRESS VS. A15ME DATE MAR 2 0 '62 Boal's Funeral Westernport. Md. arthur S. Travel 5M 7/59

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Divisi 02 FOR STATE HEALTH DEPT please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the tuneral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board it Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME

5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

or	of	STATISTICAL	RESEARCH	AND RECORDS,	301 W. PRESTON STREET	F, BALTIMORE 1, MARYLAND
Q	71	MEI	DICAL E	XAMINER'S	CERTIFICATE OF	DEATH 02966

0,0011				01000				
1. PLACE OF DEATH				nstitution: Residence before edmission)				
Baltimore	MARYLAND	o. STATE Marvl:	b. COUNT	Baltimore				
b. CITY OR TOWN (if outside corporete li	imits, c. LENGTH OF STAY IN 16			RURAL end give neerest lown)				
write RURAL end give neerest town)		X. Danson	(02)					
Essex (21) d. NAME OF HOSPITAL OR INSTITUTION	(if not in hospital, give street address)	Essex d. STREET ADDRESS	(51)	e. IS RESIDENCE				
				ON A FARM?				
287 Vanderm		287 Vander	mast Lane	YES NO				
3. NAME OF Fit DECEASED	rsl Middle		DATE Month	Dey Yeer				
(Type or print) William		1	DEATH March	17. 19 62				
5. SEX 6. COLOR OR RAC	CE 7. MARRIED X NEVER MARRIED 8	. DATE OF BIRTH	1 1 1 1 1 1 1 1	FUNDER 1 YEAR IF UNDER 24 HRS.				
Male White	WIDOWED DIVORCED	Sept. 4. 1930	37 yrs.	Months Days Hours Min.				
10e. USUAL OCCUPATION (Give kind of we	ork 106. KIND OF BUSINESS OR INDUSTR			12. CITIZEN OF WHAT COUNTRY?				
done during most of working life, even if ret		0- 16 2 1						
Janitorial Service 13. FATHER'S NAME	Western Electric			USA				
IS. FATHER'S NAME		14. MOTHER'S MAIDEN NAME						
Zedick	Wilt	Alice Bro	padwater					
15. WAS DECEASED EVER IN U.S. ARMED FO (Yes, no, or unkown) (If yes give we ror deless		INFORMANT	Address					
Yes Korean		atricia Wilt	Same					
18. CAUSE OF DEATH Enter only o				INTERVAL BETWEEN				
PART I. DEATH WAS CAUSED BY:		ion		ONSET AND DEATH				
IMMEDIATE CAUSE (- I POLITICAL INTERPRETATION OF THE PROPERTY O		1 0					
DUE T	· ALLP A.	- Sulline	Box -					
Conditions, if eny, which	(b) T - June	- mun	1011					
(e), steting the underlying DUET	o		/					
	(c)							
PART II. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL D	ISEASE CONDITION GIVE					
PART II. OTHER SIGNIFICANT CON 2Do. EXTERNAL CAUSE WAS PRIMARY I or CONTRIBUTING CAUSE OF DEATH				PERFORMED?				
2De. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING	206 DESCRIBE HOW INJURY OCCURED. (I	Enter neture of Injury In Part I or I	Pert JI of item 18.)					
PRIMARY Or CONTRIBUTING CONTRIBUTING	(D) 111 a. 1 111	T = ==	7100					
	Yeer 20d. INJURY OCCURRED 20e. PLA	CE OF INITION (Home from 1 2)	Of. (City or town)	(County) (State)				
5 (/3Hour am. A.	/ While Not While fect	for street, office bldg., etc.)	or lown)	(County) (State)				
¥ 1 19	OV et work at work	Home	My Charles	11- Jacon my				
21. I certify that I took charge	of the remains described above, he	eld an Autopsy, Insp	ection Inquiry	and in my opinion				
death resulted from: Natural	causes , Accident 1. Suic	ide, Homicide,	Undetermined ma	nner 🗌				
CHIEF MEDICAL EXAMINER								
ACTUAL ///2	Javn ?	ASSISTANT MEDICAL	Especial Company	/ DATE SIGNED				
SIGNATURE		DEPUTY MEDICAL EXA		3/10/1				
EXAMINER'S M D Dord	M D Dundalle Md		4	0/18/62				
NAME (Type) M.B. Davis 22e. BURIAL, CREMATION, 22b. DATE THE	REOF 22c. NAME OF CEMETERY OF	Address (Street, city, to	LOCATION (City, Iown,	or country) (State) /				
REMOVAL (Specify)	1, 01	220.	No ota	1/h + M				
13 anul 3/21/	162 61103		125/213	More Ma				
23. FUNERAL DIRECTOR	Col / Suppresss	24e. REC'D BY		STRAR'S SIGNATURE				
Boal's Funeral Servi	ce Westernport, Md.	DATE MAR 2	0'62 C	ing S. Frank				

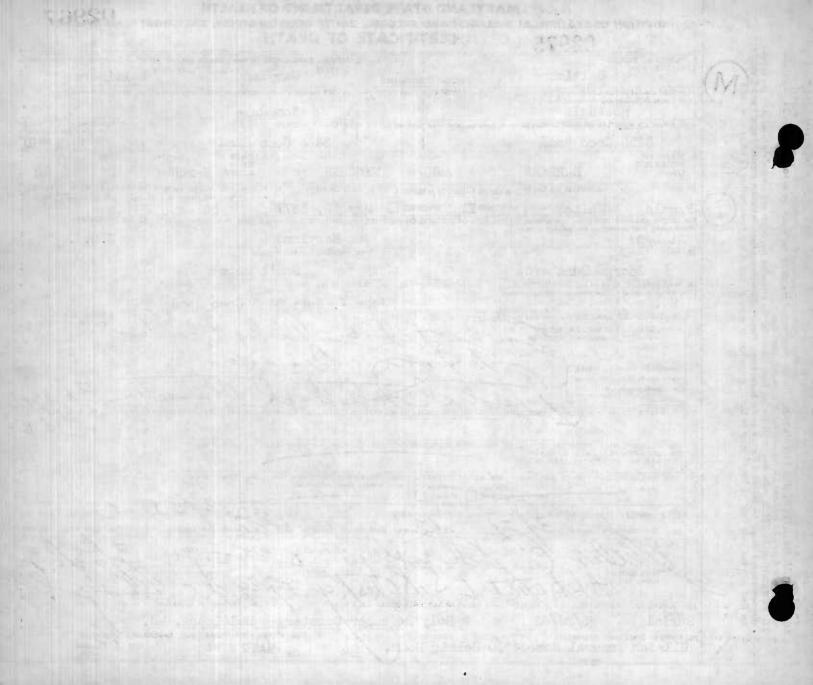
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n 24 hours after	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deafth.
TO ITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed for the hours after the death certificate be executed by the hourist or attending the standard by the	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the func director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deafth.
death certificate	nding physician and please remove cark and in any event, v
requires that the	igned by the atte insit permit. Then tion, or removal,
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TO ITAL OR AITENDING PHYSICIAN: The law requires the	R: After this certification detached for use
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TO	TO FUNE director, p

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND TO DEATH

CERTIFICATE OF DEATH

1	PLACE OF DEATH	1			11	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)						
Y	a. COUNTY	Baltimore		MARYLA	ND	a. STATE	Mary	land	b. COUI	NTY Baltin	ore	
1	write RURAL and	if outside corporate limit I give nearest town) Sedale	3,	c. LENGTH OF STAY II	N 16	c. CITY C		foutside co	orporata fimits, writ	e RURAL and give	e nearest to	wn)
-		TAL OR INSTITUTION (in	not In hospit	al, giva street address)		d. STREET	ADDRESS	suale			e. 15 I	RESIDENCE
		Coco Road				84	35 Coc	ea Ros	ad			A FARM?
3	NAME OF DECEASED	First		Middle		Last		4. DATI	- Mont	h De	y Yes	ar
	(Type or print)	BARBARA		ANNE		SCHER			rn March	22		
:	S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED] 8.	DATE OF BIR	TH		9. AGE (In years last birthday)		-1	R 24 HRS.
1	Female	White	WIDOWED	DIVORCED [] Ma	ay 23,	1877		84 угз.	Months Days	Hours	Min.
1	On. USUAL OCCUPAT	ION (Give kind of work	10b. KIN	D OF BUSINESS OR IN	DUSTRY	11. BIRTHPL	ACE (Count	y & State,	or foreign country)	12. CITIZEN	OF WHAT	COUNTRY?
	At home	aking me, even ii jemet	"		3 7	Mar	yland			U.	S.A.	
1	3. FATHER'S NAME				1	4. MOTHER	'S MAIDEN	NAME				
1	Georg	ge Burkhard	t				Don!	t kno	W			
1	5. WAS DECEASED EV	ER IN U.S. ARMED FOR	CES? 16. SC	OCIAL SECURITY NO.	17. IN	FORMANT			Address	s		
1,	No.	i yes gi ve wai oi dales oi sa	(VICe)		John	a T. B	utt 84	135 C	oco Road			
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CEPTIEICATION	PART II. OTHER	SIGNIFICANT COMOIT								VEN IN PART 1(e)	19. WAS PERF	AUTOPSY DAMED?
CE BY	200. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)	206. DESC	RIBE HOW INJURY OC	CURED. (Enfer neture	of injury in P	art I or Par	T II of item [8.)			
MEDICAL	20c. TIME OF INJU Hour e.m. p.m.	RY Month, Day, Yea	While	JURY OCCURRED 20 Not While et work		OF INJURY			City or town)	(County)		(State)
	21. I certify t	hat (I) (this hospita	attende	15	_		/ .	1937	om the causes	and on the	, , ,	(we) last
	22e. SIGNATURE	ed alive olimination	X	, allu	yiay c	leam occu	ileu alle	Liegin	Jili Ille cadses	and on the		DATE
	(/le	Les-19/	1	Korsk	Sup.	PHYS.	20	RECTOR	PH S.	3/	23/	SIGNED
+	NAME (Type)	ALBEN	5+	t.Sixe	OR	120 AD	29	39	M	6 abs	1	Py
2	3a. BURIAL, CREMATI REMOVAL (Specify) BULLEL	ON, 236. DATE THER 3/26/62	EOF	Holy Red				/	timore,	//	1	Sfe1a)
-	4 FUNERAL DIRECTOR		4210 E	ADDRESS /		1	25e. REC		ISTRAR 25b. RE	-	ATURE	



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RYLAND STATE DEPARTMENT OF HEALTH

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	F.	***	W				1-7-85	1	9. AGE (In year)	Months			24 HRS. Min.
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RTIFICAT	Chr. 1 206. ACCIDENT	WAS UNDERLYING TO CAUSE OF	NG 10 20	Ob. DESCR	BE HOW INJURY	OCCURED. (Er	Urlbrak nter neture of injury	in Pert I or Per	triosell (18.)	roses	YES	_	NO []
- 1	IF EITHER, NOTI	FY MEDICAL EXA	AMINER)	20d. INJ	URY OCCURRED	20e. PLACE	OF INJURY (Home,	farm, 20f. (6	City or town)	(Cou	nty)	(State)
_ -	р.п	1.	19	While at work	Not While et work	12	-6	etc.)	3_9_		62		
- 1			hospital)	attende	d the decease 19 62	d from		8 35.	om the causes	and on 1	the date	t (I) (s	we) las labove
	22a. SIGNATUR	E R.C	Priz.	agi	e	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	1 3	/9/	62s	DATE
	220. PHYSICIAN	'S _ L	2 ()	18/17	AGA		SPRIN	6 GR	OVEST	TATA	140	SPI	THI
	NAME (Ty	ojosa t	, ,	11012	11011		45			1110	6.0		and and
23e.	BURIAL, CREMA	ATION, 236. P/	TE THEREO		39. HAMY OF C	EMETERY OR		230 15	CATION (City, to			(Sta	
	3. I 10e. don 13. 15. (Yes	b. CITY OR TOWN Write RURAL Catons d. NAME OF HO: Spring 3. NAME OF DECEASED (Type or print) 5. SEX F. 10e. USUAL OCCUP done during most of nur 13. FATHER'S NAME 15. WAS DECEASED (Yes, no, or unkown) 18. CAUSE OI PART I. DE Conditions, if a geva risa to imm (a), steting the ceuse lest. PART II. OTI 20e. ACCIDENT OR CONTRIBUTION (IF EITHER, NOTI 20c. TIME OF IN Hour a.m. p.n. 21. I certify saw the dece	b. CITY OR TOWN (if outside corporate as COUNTY Baltimo b. CITY OR TOWN (if outside corporate as COUNTY Baltimo b. CITY OR TOWN (if outside corporate as COUNTY Baltimo d. NAME OF HOSPITAL OR INSTITE Spring Grove S 3. NAME OF DECEASED (Type or print) 5. SEX F. 6. COLOR COUNTY 10e. USUAL OCCUPATION (Give kindone during most of working life, averance and continuous and continuous and continuous and county and	b. CITY OR TOWN (if outside corporate limits, write RURAL end, give neerest town) Catonsville d. NAME OF HOSPITAL OR INSTITUTION (if many) Spring Grove State 3. NAME OF DECEASED (Type or print) 5. SEX F. 6. COLOR OR RACE 7. W. 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 13. FATHER'S NAME 14. CAUSE OF DEATH [Enter only one can part I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (e) 18. CAUSE OF DEATH [Enter only one can part I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (e) Conditions, if any, which geve rise to immediate ceuse (e), steting the underlying ceuse lest. 15. PART II. OTHER SIGNIFICANT CONDITION (if either, NOTIFY MEDICAL EXAMINER) 20e. ACCIDENT WAS UNDERLYING (if either, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 21. I certify that (I) (this hospital saw the deceased alive on	b. CITY OR TOWN (if outside corporate limits, write RURAL end, give neerest town) Catonsville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital Spring Grove State Hospital Citype or print) 3. NAME OF DECEASED (Type or print) 5. SEX F. 6. COLOR OR RACE 7. MARRIED (WIDOWED (If not or hospital Citype or print) 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11s. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yesgive war or detes of service) 11s. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yesgive war or detes of service) 11s. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED 89: IMMEDIATE CAUSE (e) 12o. steting the underlying Couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTR CONTRIBUTING COUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER) 20c. ACCIDENT WAS UNDERLYING (If EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year ADD COUNTRIBUTING COUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER) 21. I certify that (I) (this hospital) attended saw the deceased alive on 1990.	b. CITY OR TOWN (if outside corporate limits, with a RIRAL and give neerest town) catonsville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street add Spring Grove State Hospital 3. NAME OF DECEASED (Type or print) Teresa 5. SEX F. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NOWER MARRIED NEVER MARRIED	1. PLACE OF DEATH a. COUNTY Baltimore Maryland	1. PLACE OF DEATH a. COUNTY Baltimore D. CITY OR TOWN (if outside corporate limits, with RURAL and give neerest lown) D. CITY OR TOWN (if outside corporate limits, with RURAL and give neerest lown) D. CITY OR TOWN (if outside corporate limits, with RURAL and give neerest lown) D. CITY OR TOWN (if outside corporate limits, with RURAL and give neerest lown) D. CITY OR TOWN (if outside corporate limits, with RURAL and give neerest lown) D. CITY OR TOWN (if outside corporate limits, with RURAL and give limits) D. CITY OR TOWN Ba. D. STATE C. CITY OR TOWN Ba. D. CITY OR TOWN Ba. D. STATE C. CITY OR TOWN Ba. D. CITY OR TOWN Ba. D. 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MARYLAND STATE DEPARTMENT OF HEALTH

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		PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before	edmission)
1		a. COUNTY RAITO	a. STATE AND b. COUNTY PD 1	
ľ	_	DALIC. MARYLAND	14.0. 1970	
		b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest to	own)
И		DUNDALK 14 YRS.	NUNDALK	
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat addrass)	d. STREET ADDRESS 40 0. IS	RESIDENCE
	3	548 S. 46th ST.		NA FARM?
		NAME OF First Middle		er
		(Type or print) FRANK JOHN Y		62
	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8		ER 24 HRS.
	1)	MALE WHITE WIDOWED DIVORCED C	DET. 5, 1894 67 yrs.	Min.
	1Da	USUAL OCCUPATION (Give kind of work and during most of working life, even if retired)	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT	COUNTRY?
		GROCER PROP GRU. STOR	F BALTO, MD. USA	
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
1		JOHN YUREK	NOT KNOWN	
1		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT	7
	,,,,	NO - 220-30-3450 MI	RS. JOA YUREK 5485. 46 th S	7
		18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c),]	INTERVAL BI	ETWEEN
		PART I. DEATH WAS CAUSED BY:	ONSET AND	DEATH
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6		Conditions, if eny, which		
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		(a), steting the underlying DUE TO		
		ceuse last. (c)		
1	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS	AUTOPSY
	OT.		PERF YES T	NO 7
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	CERTIFICATION	20e. ACCIDENT WAS UNDERLYING _ 2Db. DESCRIBE HOW INJURY OCCURED. OR CONTRIBUTING _ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	, (Enter neture of injury in Pert I or Pert II of item 18.)	
	A.	20c. TIME OF INJURY Month, Day, Yaer 2Dd. INJURY OCCURRED 2De. PLA	CE OF INJURY (Home, ferm, 20f. (City or town) (County)	(Stete)
	MEDICAL		ory, street, office bldg., etc.)	(01010)
	WE	p.m. 19 et work et work		
		21. I certify that (I) (this hospital) attended the deceased from	9/ 7, 19/2, to 3 / 19, 19/2, that (1)	(we) last
		- / / / -	death occured at A.A.M., from the causes and on the date state	
		220. SIGNATURE		b. DATE
9		1/1/2/11/6	ATTENDING MED. STAFF PHYS. T DIRECTOR PHYS. T	SIGNED
			D. PHYS. DIRECTOR PHY	
		22d PHYSICIAN'S NAME (Type)) A Character A	1 3 C 2 3 C 1 10 C 1 10 D 140	2:1 hed
		- Ur. Cias, 1 10m ly	1) 3! 2) UNG IT! FIGHT OSE ITC.	6-7-17 L-
	23a	BENOVAL (Smalle)	OR CREMATORY 23d. LOCATION (City, town or county)	(State)
	14	WALAL Mar. 22, 1962 OAK LAU	IN BACTO. CO. IV.	
	A.Sec.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	
1	0	11/94 Alexander 3218 HUDSON	ST. DATE MAR 21 '62 within S. Thomas	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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2		MAKTLAND STATISTICAL PECEAPCH AND DECORDS 301 W RESTON STREET B	1 BALTIMORE 1, MAR	DVI AND
		02981 CERTIFICATE OF DEATH	ALTIMORE I, MAR	CHAND
M		PLACE OF DEATH Baltimore County 2. USUAL RESIDENCE (Where dec	eased lived, If Institution, Res	idence bafore admi
W		CATONSVILLE 28 MARYLAND STATE of	ZALE IMO	RE 88
ハ	1	b. CITY OR TOWN (if outside corporata limits, write RURAL and give pearest town)	ete limits, write RURAL and g	
,1			WNE	
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) SPRING BROVE STATE HOSPITA 242 Second AV		ON A F
	3.	NAME OF First Middle Last 4. DATE	Control of the Contro	YES N
		OF DECEASED HENRY COLOMBUS ZEPP DEATH	March 12	19 6
1	5.	SEX 6. COLOR OR RACEL 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9.	AGE (In years IF UNDER 1 YE last birthdey) Months Dev	
1	1De	MALE DIVORCED 4-3-1879 82	SIJYrs.	
	do	USUAL OCCUPATION (Give kind of work not during most of working life, even if retired) THE BILER HAKER WEST WEST	GINZA 12. CITIZE	EN OF WHAT COL
		FATHER'S NAME 14. MOTHER'S MAIDEN NAME	0.1	1
		Richard unknown JEgp unknown MAR	1 MICHAPA	SON
	15. (Ye	WAS DECEMBER IN U.S. ARMED FORCEST 6. SOCIAL SECURITY NO. 17. INFORMANT 15. NO. OUR SOLVEN (Ilfyesgivewerordatesofservice)	Address LANS	MOORN
	ι	inknown 705-05-3441A,D AUGHTER: BAUG	ius 243 sec	
		18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: PART I. DEATH WAS CAUSE (a) CAP DIOVAS CULAP COL	1 489	ONSET AND DE
		Conditions, if any, which (b) ARTERIOSCLEROTIC CAL	2DIOVAS-	
		geve rise to Immediate cause DUE TO CULAR DISEASE		*
	1	couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CO	ONDITION CIVEN IN BART 1/	(e)) 19. WAS AU
0	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CO	SADITION GIVEN IN PART I	PERFOR
	TIFIC	2De. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II or	of item 18.)	1 103 🗀 📉
		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm, 20f. (City of fectory, street, office bldg., etc.)	or town) (County	y) (S
	ME	p.m. 19 et work et work	v 10 = 6	70.
		21. I certify that (I) ((this hospital) attended the deceased from 2-24-, 1960, to saw the deceased alive on 2-12- 1960, and that death occurred at 5:55M, from	199	that (I) ((w
		22e. SIGNATURE	the causes and on the	22b.
		Sella Wacheller M.D. ATTENDING MED. DIRECTOR	STAFF PHYS.	
1		NAME (Type) C+-33- Tel1 M ()		HOSPITA:
1	-		LLE 28, MARYI	
	238	A AURIAL, CREMATION, 235. DATE THEREOF 236. ISLAME OF CEMETERY OF CREMATORY 23d. LOCAL DOCAL Specify 14 March 1962 DOCAL ARTICLEM 23d. LOCAL	TION (City, town or county)	nd (State
	24	7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	AR 256. REGISTRAR'S SIG	
-	/	of Walters FRAHTY SHAICKERSTS DATE MAR 13'62	Cuthun S. M	trans
1	7			

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